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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 FEB 21 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P03000014253*

1. Corporation Name

*THE MOBILE CORPORATION*

**REINSTATEMENT** *04-05*  
*MRS*

2. Principal Office Address

*3133 SW 176 Terrace*

Suite, Apt. #, etc.

City & State

*Miramar FL*

Zip

*33029*

Country

*USA*

3. Mailing Office Address

*3133 SW 176 Terrace*

Suite, Apt. #, etc.

City & State

*Miramar FL*

Zip

*33029*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*2/5/2003*

5. FEI Number

*06-1682679*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

*Demetrius Zuidema*

Street Address (P.O. Box Number is Not Acceptable)

*3133 SW 176 Terrace*

Suite, Apt. #, Etc.

City

*Miramar*

State

*FL*

Zip Code

*33029*

*600047924576*

*03/08/05--01018--004 \*\*308 75*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Date

*12/7/2004*

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>D</i>	<i>LUCIANO De Souza Abdalla</i>	<i>3133 SW 176 Terrace</i>	<i>Miramar FL 33029</i>
<i>D</i>	<i>Demetrius Zuidema</i>	<i>3133 SW 176 Terrace</i>	<i>Miramar FL 33029</i>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*12/7/2004*

Daytime Phone #

CR2E081 (01/04)

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# THE MOBILE CORPORATION

3133 SW 176 TERRACE  
MIRAMAR, FLORIDA 33029

February 8, 2005

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Fl. 32399

**Attn: Reinstatement Section**

**Re: Document # P03000014253**

Dear Sir or Madam:

In reference to a telephone conversation with one of your representatives, we are enclosing our application for reinstatement along with the necessary filing fees for a profit corporation. As we stated in the phone conversation, there was an error in our address as filed with the department of state, where you had SE instead of SW and thus we never received our UBR reports. We ask that you please pardon the late fee since this problem was due to circumstances beyond our control. If there is any problem processing this report please contact us immediately.

Sincerely,



*The Mobile Corporation*