

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P03000073228**

1. Corporation Name

JSI Mobile Enterprises, Inc.

2. Principal Office Address

1799 Astor Farms Place

3. Mailing Office Address

P. O. Box 161933

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanford

City & State

Altamonte Springs, FL

Zip

32771

Country

U.S.A.

Zip

32716-1933

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

June 30, 2003

5. FEI Number

20 - 0119513

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

Jon Rusinowski

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

1799 Astor Farms Place

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32771

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Date 1-30-2006

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
Sec/Treasurer	Irene Rusinowski	1799 Astor Farms Place	Sanford, FL. 32771

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 contained in Chapter 119, 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

1-30-2006

Daytime Phone #

# JSI Mobile Enterprises, Inc.

P. O. Box 161933

Altamonte Springs, FL 32716-1933

Phone: 321-287-7117

Fax: 407-688-2825



Monday, January 30, 2006

Florida Department of State  
Division of Corporations

Re: P03000073228

To Whom It May Concern:

I am enclosing this letter along with my corporate reinstatement form requesting that the reinstatement fee be waived. We had moved several months after we had filed for the corporation, and never recieved any kind of correspondence from the state regarding the annual filing. I am enclosing a check in the amount of \$458.75 to cover the annual fees up until today. Our new address is reflected on the application. Thank You.

Respectfully,

Jon Rusinowski / JSI Mobile Enterprises, Inc./President