

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS DOCUMENT # <i>AR</i> <i>p94UW093840</i> 1. Corporation Name I-95 & 76 MOBILE, INC.		REVISED AND FILED 95 JUN -9 PM 2: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
Mailing Address Principal Place of Business 3551 Southwest Martin Highway Palm City, Florida 34990 If above addresses are incorrect in any way, line through incorrect information and enter correction below.		DO NOT WRITE IN THIS SPACE																													
2. New Mailing Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country																													
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number Applied For Applied For Not Applicable																													
6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status		7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">1 Title(s)</th> <th style="width: 30%;">2 Name of Officers and/or Directors</th> <th style="width: 30%;">3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">4 City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Dir.</td> <td>Mike Miranda</td> <td>3551 S.W. Martin Hwy.</td> <td>Palm City, Fl. 34990</td> </tr> <tr> <td>Asst. Sec.</td> <td>Gail Shelby</td> <td>1201 Hays Street</td> <td>Tallahassee, Fl. 32301</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <i>T.S. 6/9/95</i>		1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip	Dir.	Mike Miranda	3551 S.W. Martin Hwy.	Palm City, Fl. 34990	Asst. Sec.	Gail Shelby	1201 Hays Street	Tallahassee, Fl. 32301																
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip																												
Dir.	Mike Miranda	3551 S.W. Martin Hwy.	Palm City, Fl. 34990																												
Asst. Sec.	Gail Shelby	1201 Hays Street	Tallahassee, Fl. 32301																												
8. Name and Address of Current Registered Agent McCarthy, Terence P. 2081 East Ocean Boulevard, 2A Stuart, Florida 34996		9. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee, State FL Zip 32301																													
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Corporation Service Company Signature of Registered Agent <i>Gail Shelby</i> Date _____ Gail Shelby, REGISTERED AGENT MUST SIGN As Agent																															
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)																															
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax)																															
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the recorder 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Corporation Service Company																															
SIGNATURE: <i>Gail Shelby</i> Date _____ Daytime Phone # _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gail Shelby, As Agent																															