PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

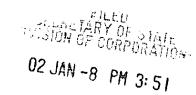
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT# F3300003300	DOCUMENT#	P9500005906
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1. Corporation Name

SCOOTER WORLD MOBILITY CENTER INC.



Principal Place of Business Mailling Address 1871 N NOVA RD HOLLY HIL FL 32117 Habove addresses are incorrect in any way, line through incorrect information and enter correction below. 2 New Principal Office Address, If Applicable 3 New Mailing Office Address, If Applicable 3 New Mailing Office Address, If Applicable 4 Destroopported or Qualified To Do Business in Fronds 7 Surfa, Apr. e, etc. Cry & State Cr							1				
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified 7/28/1995 5. FEI Number 59-3328254 Applied For Applied For 1. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must sit at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must sit at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must sit at least 3 directors) 7. Names of Officer and/or Director (Florida nonprofit corporations must sit at least 3 directors) 7. Name of Officer and/or Director (Florida nonprofit corporations must sit at least 3 directors) 7. Name of Officer and/or Director (Florida nonprofit corporations must sit at least 3 directors) 7. Name of Officer and/or Director (Florida nonprofit corporations must sit at least 3 directors) 7. Name of Officer and/or Director (Florida nonprofit corporations must sit at least 3 directors) 7. Name of Officer and/or Director (Florida nonprofit corporations must sit at least 3 directors) 7. Name and Address of Each Officer and/or Director (Florida nonprofit corporations must sit at least 3 directors) 7. Name and Address of Each Officer and/or Director (Florida nonprofit corporations must sit at least 3 directors) 7. Name and Address of Each Officer and/or Director (Florida nonprofit corporations must sit at least 3 directors) 7. Name and Address of Each Officer Address of Each Officer and/or Director (Florida nonprofit corporations must sit at least 3 directors) 7. Name and Address of Each Officer Address of Each Officer and/or Director (Florida nonprofit corporations must sit at least 3 directors) 7. Name and Address of Each Officer Address of Each Officer and/or Director (Florida nonprofit corporation must sit at least 3 directors) 8. N	Principal P	lace of Busine	ess	Mailing Add	Iress			8 (6)8) 6)(c) 40(c) 64(c) 60(c)			
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Zip Country	City & State City & Str		City & State	ate		59-3328254					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director Street Address of Each Officer and/or Director A City / State / Zip 8. Name and Address of Current Registered Agent Street Address of Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Street Address of New Registered Agent Name VANDERWIERE, JACK 816 S FLAMINGO DR *****758.75 *******758.75 ******758.75 ******758.75 ******758.75 ******758.75 ******758.75 ******758.75 *******758.75 *******758.75 ***********************************	Zin		Country	Zin		ountry	-6		= \$8.7		
Name of Officers and/or Directors Street Address of Each Officer and/or Director 4 City / State / Zip	Zip Country Zip				Country		CERTIFICATE OF STATUS DESIRED of to a Certificate of Status				Status
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8. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent VANDERWIERE, JACK 816 S FLAMINGO DR HOLLY HILL FL-32117 City Street Address (P.O. Box Number is Not Acceptable) Output Surface, April #; Etc. City Strate Signature of Registered Agent Page 1-4-02 REGISTERED AGENT MUST SIGN Date 1-4-02	Title(s)			Officer and/or Director			City / State / Zip			ļ	
8. Name and Address of Current Registered Agent VANDERWIERE, JACK 816 S FLAMINGO DR HOLLY HILL FL-32117 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. Signature of Registered Agent Page 1-4-02 REGISTERED AGENT MUST SIGN Date 1-4-02	P	VANDERW	IERE, JACK		816 S FLAM	INGO DR		HOLLY HILL FL 3	2117		
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11 I certify that I am an officer of director or the receiver or trustee empowered to execute this application as provided for in chapter 507 or 517, E.S. I further certify that	Hegistered	Agent	P P	EGISTERED AC	SENT MUST SIG	,		Date/	7 (<u> </u>	
	11. Loertify	that I am an o	officer or the rece	iver or trustee e	minowered to eve	cute this application as n	rovided for in cha	nter 607 or 617 E.S. I	further	ortify 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

SIGNATURE:

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

10-23-01

924-672-1950