
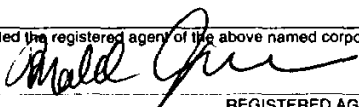
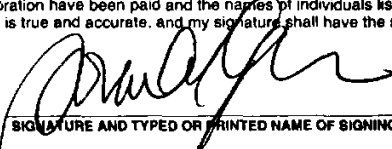


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000013710			
1. Corporation Name <div style="font-size: 1.2em; font-family: cursive;">SOUTH TRAIL MOBIL, INC.</div>			
Principal Place of Business <div style="font-size: 1.2em; font-family: cursive;">4683 South Orange Blossom Trail</div> <div style="font-size: 1.2em; font-family: cursive;">Orlando, FL 32839</div>		Mailing Address <div style="font-size: 1.2em; font-family: cursive;">SAME</div>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 02/09/1996	
		5. FEI Number 59-3360249	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SR 75. Additional fees required for a certificate of status.</small>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	RONALD JOSEPH	5249 Shaker Circle	ORLANDO, FL, 32808
V/D	RAGHANANDAN RAMLAGAN	5236 Shaker Circle	ORLANDO, FL 32808
			800003070478--9 -12/15/99--01008--019 ***1050.00 ***1050.00
REINSTATEMENT 97-99 11 TS			
8. Name and Address of Current Registered Agent <div style="font-size: 1.5em; font-family: cursive;">1</div>		9. Name and Address of New Registered Agent Name RONALD JOSEPH Street Address (P.O. Box Number is Not Acceptable) <div style="font-size: 1.2em; font-family: cursive;">4683 South Orange Blossom TRAIL</div> Suite, Apt. #, Etc. City ORLANDO State FL Zip Code 32839	
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  Date 11/30/99 REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 11/30/99 4078515688 Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CF20001 (12/98)