

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT DOCUMENT # **PA6000049171**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 SEP 29 PM 12:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1 Corporation Name
MOBILE MART, INC

Principal Place of Business Mailing Address
8910 N. DALE MOORE HWY SUITE 22 TAMPA, FL 33614 **2780 E FOWLER AVE PMB # 168 TAMPA, FL 33612**

REINSTATEMENT 98-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable 8910 N. DALE MOORE HWY SUITE 22 TAMPA, FL 33614	3 New Mailing Office Address, If Applicable 2780 E FOWLER AVE PMB # 168 TAMPA, FL	4 Date Incorporated or Qualified To Do Business in Florida June 6, 1996
5 FEI Number 59-3382552	Applied For Not Applicable	
6 CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

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
(P)	BOB M HOPE	3956 APPLEWATE CIR BRANDON, FL 33511	BRANDON, FL 33511
(T)	JOAN D. HOPE	3956 APPLEWATE CIR BRANDON, FL 33511	BRANDON, FL 33511

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 ****908.75 ****908.75

8. Name and Address of Current Registered Agent BOB M. HOPE MOBILE MART, INC 2780 E FOWLER AVE PMB # 168 TAMPA, FL 33612	9. Name and Address of New Registered Agent Name N/A (Same) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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: **[Signature]** Date: **9/8/99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (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]** **BOB M. HOPE** Date: **9/8/99** Daytime Phone #: **813-340-0524**

CR2E081 (12/96)

KE