PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 DEC -7 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300002708168--5
-12/03/98--01115--016
****758.75 ****758.75

DOCUMENT # P97000019937

1. Corporation Name

MOBILEADS USA, INC.

Principal Place of Business	Mailing Address
2805 MARTIN LUTHER KING ST NO ST PETERSBURG FL 33704	2805 MARTIN LUTHER KING ST NO ST PETERSBURG FL 33704

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: 02/26/1997

5. FEI Number: 59-3444031 ☐ 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)

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
D, P	SANDERSON, WILLIAM L	2805 MARTIN LUTHER KING ST NO	ST PETERSBURG FL 33704
S, D	THOMAS MCGRADY	7113 1 AV S	ST. PETERSBURG, FL 33707
T, D	PETER SCHATZEL	500 94 AV N	ST. PETERSBURG, FL 33702
D	JACK SHEAN	1385 50 AV NE	ST. PETERSBURG, FL 33703
D	JAMES KOELSCH	6414 1 AV N	ST. PETERSBURG, FL 33710
D	LYNN FOX	4550 2 AV N	ST. PETERSBURG, FL 33713

8. Name and Address of Current Registered Agent

MCGRADY, THOMAS
7113 FIRST AVE SO
ST PETERSBURG FL 33707

REINSTATEMENT

9. Name and Address of New Registered Agent

Name 98
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 12-8-98
City | State FL | Zip Code

CR2E040 (9/98)

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: Thomas McGrady FILED Date 11/30/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Paid 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: William L. Sanderson FILED William L. Sanderson 11/30/98 727-821-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #