

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 SEP 10 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P970000061818**

**1. Corporation Name**

**Detmer Mobility Southeast, Inc.**

**2. Principal Office Address**

**549 N. Goldenrod RD.**

Suite, Apt. #, etc.

**3-**

City & State

**Orlando Florida**

Zip

**32807**

Country

**ORANGE**

**3. Mailing Office Address**

**SAME**

Suite, Apt. #, etc.

City & State

**REINSTATEMENT 98-04**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**07/15/1997**

**5. FEI Number**

**59-3457562**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**Robert P. DETTNER**

**300040873313**

Street Address (P.O. Box Number is Not Acceptable)

**549 N. Goldenrod RD.**

Suite, Apt. #, Etc.

**3**

City

**Orlando**

State

**FL**

Zip Code

**32807**

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of

Registered Agent

**Robert P. Dettner**

Date

**8/25/04**

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.S.	Robert DETTNER	302 ALEXANDER Ave	DeBary Fla 32713
V.P.T.	PAUL A. LEMELIN	651 TAM Ct.	Winter Springs Fla 32708

**10. 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:

**Robert P. Dettner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**8/25/04**

Daytime Phone #

**407-384-6011**

CR2E081 (01/04)

9-14-04

Department of State  
Division of Corporation

Attention Reinstatement Dept.

As per your request I am enclosing a check for \$1050.00 to reinstate the Florida Corporation Dettmer Mobility South East. The Florida Document Number is P97000061818 - FEI number is 59-3457562, Dissolution date 10/16/98.

I am asking for reinstatement and waiving reinstatement fee due to the fact that I never received personal notification for annual report in 1998.

I am also authorizing changing Corporate Reinstatement Form to proper corporate name "Dettmer Mobility Southeast Inc."

Thank you.

Robert P. Dettmer