CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P97000076522 (6)

1. Corporation Name   Mobilaid Corporation

REINSTATEMENT   99-00

2. Principal Office Address
6361 Brava Way

3. Mailing Office Address
6361 Brava Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Boca Raton, FL

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Zip	Country	Zip	Country
33433	Palm Beach	33433	Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida   9/4/97

5. FEI Number   65-0780970 | 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 Bernard Shinder

Street Address (P.O. Box Number is Not Acceptable)
6361 Brava Way

Suite, Apt. #, Etc.

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****900.00 ****900.00

City Boca Raton | State FL | Zip Code 33433 |

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   Date 11-17-2000

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
Chrm	Bernard Shinder	6361 Brava Way	Boca Raton, FL 33433
Pres	Ross Tuddenham	4151 NW 66th Ave	Coral Springs, FL 33067
Sec	Deborah McGinn	11291 NW 41 CT	Coral Springs, FL 33065
Dir	Malcolm Goldsmith	5625 N Bayshore Dr	Miami, FL 33137

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: _Deborah McGinn_ DEBORAH McGINN   11-15-2000   (954) 684-2923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #