

PLEASE RE

COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

DOCUMENT # P97000080792

1. Corporation Name

MOBILE COMMUNICATIONS, INC.

Principal Place of Business

1018 N. BLVD WEST
LEESBURG FL 34748

Mailing Address

P.O. BOX 491073
LEESBURG FL 34749-1073
USFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 31 AM 8:01



REINSTATEMENT

02

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/17/1997	
City & State		City & State		5. FEI Number	
Zip		Country		59-3469448	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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	4 City / State / Zip
P	WILLIAMS, PATRICIA	2600 WESTERN WAY	LEESBURG FL 34748

200008725882
10/31/02--01047--010 **758.75

CR2E040 (802)

8. Name and Address of Current Registered Agent

WILLIAMS, PATRICIA W
2600 WESTERN WAY
LEESBURG FL 34748

9. Name and Address of New Registered Agent

Name		
PATRICIA A WILLMAN		
Street Address (P.O. Box Number is Not Acceptable)		
2600 WESTERN WAY		
Suite, Apt. #, Etc.		
City	State	Zip Code
LEESBURG	FL	34748

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. or 617.0505, F.S.

Signature of
Registered AgentPATRICIA A WILLMAN
REGISTERED AGENT MUST SIGN

Date

10/21/2002

11. 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 REQUIRED
PATRICIA A WILLMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/2002 352-267-0010