

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 NOV 23 AM 11:08

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000094462**

1. Corporation Name

MOBIUS BUSINESS GROUP, INC.

2. Principal Office Address

400 South Road

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33907

Country

Lee

3. Mailing Office Address

1019 Edgemere Dr.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33919

Country

Lee

**REINSTATEMENT**

CR2E081 (8/05)

**04-05**

4. Date Incorporated or Qualified  
To Do Business in Florida

11/3/1997

5. FEI Number  
593477631

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

Todd E. Lesley

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

1019 Edgemere Dr.

Suite, Apt. #, Etc.

City

Fort Myers,

State

FL

Zip Code

33919

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

REGISTERED AGENT MUST SIGN

Date

10/18/05

**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	Todd E. Lesley	1019 Edgemere Dr.	Fort Myers, FL 33919
S	Karen M. Lesley	1019 Edgemere Dr.	Fort Myers, FL 33919

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:

TODD E. LESLEY

10/18/05

Date

(239)274-8900

Daytime Phone #

# Coastal & Mainland Cabinets

400 South Road  
Fort Myers, FL 33907

phone: 239.274.8900  
fax: 239.274.8901

October 30, 2005

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

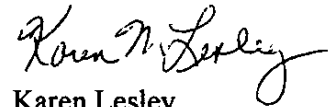
To Whom It May Concern:

Pursuant to conversations with your office, this letter serves to notify you that we never received our Corporation Annual Report form. Subsequently, we ask that you please waive the additional fees required of a late filing.

Enclosed, please find the reinstatement form and a check for the standard fee. Should this not be the proper way to handle this situation, please do not hesitate to contact me directly.

Thank you in advance for your assistance.

Respectfully,



Karen Lesley  
Corporate Secretary