

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 11 PM 4:47

DOCUMENT # P98000010916

1. Corporation Name

Enhanced Mobility Systems, Inc.

2. Principal Office Address

8305 Garden Road

Suite, Apt. #, etc.

40 The Medical Store

City & State

Riviera Beach FL

Zip

33404

Country

USA

3. Mailing Office Address

5380 N. Ocean Drive

Suite, Apt. #, etc.

Apt. 12-J

City & State

Singer Island FL

Zip

33404

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/28/1998

5. FEI Number

65-0817890

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

Mark Poncy

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

5380 N. Ocean Drive

Suite, Apt. #, Etc.

Apt 12-J

City

Singer Island

State

FL

Zip Code

33404

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

10/4/01

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
Pres	Mark Poncy	5380 N. Ocean Drive Apt. 12-J	Singer Island FL 33404
VP/Genl	Will Roy	8304 Garden Rd	Riviera Beach FL 33404
VP/Secy	Richard Poncy	200 East Hampton Drive	Jupiter FL 33477

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK P. PONCY

Date

10/4/01 561-301-0907

Daytime Phone #

CR2001 (9/00)

Enhanced Mobility Systems
8305 GARDEN ROAD RIVIERA BEACH FLORIDA 33404

October 6, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This letter is to petition for waiver of the applicable (\$900) fee for reinstatement of our Florida Corporation. Enclosed, however, is a check in the amount of \$300, for the last two reports which had not been filed.

The error in failing to file was mine; we had moved from the address I had furnished for correspondence, and sufficient time had transpired such that your form was not forwarded. I realize that the obligation to inform you of my new address was, indeed, mine.

Our corporation will not gross \$10,000 this year; we are barely hanging on. However, there is a slight chance that this year will bring some meaningful business, as we are trying to land a contract with Disney that would make our company profitable. The \$900 fee would be very difficult for us to fund right now; we are trying to control expenses to stay afloat. For example, I have not drawn a salary from the company since its inception in 1998.

Please let me have your decision at your convenience. I may be reached, as stated on the enclosed reinstatement form, at:

5380 N. Ocean Drive, Apt. 12-J, Singer Island, FL 33404

Thanks for your time and consideration.

Sincerely,



Mark P. Poncy
President