

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000074323

1. Corporation Name

MOJO INTERACTIVE CORPORATION

Principal Place of Business

Mailing Address

7255 ESTAPONA CIR
#202
FERN PARK FL 32730

7255 ESTAPONA CIR
#202
FERN PARK FL 32730

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

08/25/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3530117

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	LUBBERT, GLEN O	1460 LAKE SHADOW CIR APT 7308	MAITLAND FL 32751

300023815043
10/15/03--01036--013 **400.00

09/20/03 40134 049 \$158.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LUBBERT, GLEN O
7255 ESTAPONA CIR
#202
FERN PARK FL 32730

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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

BLAINE ROSEBERRY, VP

10/8/03

407 830 9957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



October 8, 2003

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

To Whom It May Concern:

I am writing to request that Mojo Interactive Corporation be reinstated to active status. Document #P98000074323 was filed with your office along with payment of \$150.00.

I understand from a representative of your office, that a Reject letter was issued, however, that was never received in this office. However, today we received a Notice of Administrative Dissolution or Revocation

Per your representative's instructions, I am including the Reinstatement application along with a check for \$400.00 and would request that we be reinstated to active status.

Thank you for your assistance in this matter.

Bobbie J. Walls
Staff Accountant
Mojo Interactive Corporation