| PLEASE READ A | ALL INSTRUCTIONS | BEFORE C | OMPLETING T | HIS FORM. |
|--|---|--|---|---|
| APPLICATION FOR | FLORIDA DEPARTMEN Katherine, Ha Secretary of S DIVISION OF CORPOR | rr is itate | APPI A Fi | ROVED [†] ND LED |
| DOCUMENT # P9800074963 A 99 | | | 99 DEC 30 PM 4: 25 | |
| MR Mo Jobs Placement Inc A AC | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 1806! NE 19 th Ave N. Miami, FL 33162 If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | |
| New Principal Office Address, If Applicable 3. New Mailing Office Address, If A | | | 4. Date Incorporated or Qualified To Do Business in Florida August 27, 1998 | |
| Suite, Apt. #, etc. | | | 5. FEI Number Applied For | |
| City & State Ony & State N. Miami, FL | | | - 65-0888 - | 674 Not Applicable |
| Zip Country | Zip | SA | CERTIFICATE OF STAT | US DESIRED |
| 7. Names and Street Addresses of Each Officer and/o Name of Officers and/or Directors | Str | et Address of Each ficer and/or Director se Post Office Box N | | City / State / Zip |
| President Angelo Morris 18061 N | | E 19th Ave | N | . Miami , Florida 33162 |
| President Bethy Wright | 18061 N | 18061 NE 19th Ave | | Miami, Florida 33/62 |
| REASURE MARgaret Renyold | s 18061 N | 18061 NE 19th Ave | | Miami, Florida 33162 |
| | | | - | 303085344 6 01/03/0001002001 ****150.00_****150.00 |
| 8. Name and Address of Current Registered Agent | | | Name and Address of New Registered Agent | |
| ANGElo-Morris | Name ANGELO MOTTIS Street Address (P.O. Box Number is Not Acceptable) | | | |
| 18061 N.E. 19 Ave | 18061 NE 19 Ave Suite, Apt. #, Etc. | | | |
| N. Miami, Morida | City N. Miami State Zip Code FL 33/62 | | | |
| 10. I, being appointed the registered agent of the above Signature of Registered Agent RE | e pamed corporation, am familiar w M GISTERED AGENT MUST SIGN | ith and accept the ob | oligations of Section 607.0 | 505, F.S. |
| This corporation owes the Intangible Personal Proper | | Yes | □ No [d] | (See other side long grmation on intuitible vix.) |
| 12. I certify that I am an officer or director or the receive this reinstatement application, the reason for disso owed by the corporation have been paid and the roon this application is true and accurate, and my significant or the second of the second o | llution has been eliminated, the corporates of individuals listed on this for | orate name satisfies m do not qualify for ect as if made under | the requirements of sectio an exemption under section | n 607,0401 or 617,0401, F.S., that all rees |

X

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MB. MO-JOBS PLACEMENT SERVICE, INC.

18061 N.E. 19th Avenue Miami, FL 33162 USA

Phone 305.652.9131 Fax 305.652.4245 Email MoJobs@yahoo.com

December 21, 1999

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

Dear Reinstatement Personnel,

Thank you for assisting us by providing the follow-up information we requested to reinstate our Corporation (Mr. Mo Jobs Placement, Inc.) Doc.Num. P98000074963

The reason we did not file our first annual report as requested is because the then presiding CEO made bad management decisions, diverted funds and kept job records that were essential to our financial status. Which we recently found that our corporation lost a total of \$21,759.01 from August 1998-August 1999. We have since voted to remove him from the company and reorganize our internal controls. We learned by that experience and paid a high price by giving too much control to one individual. Mr. Mo Jobs corporation was dormant until April 1999 this was a period of about eight months since the initial loss of \$21,992 in August-Sept 1998 on the one contract secured by the CEO.

We respectfully request reinstatement to further our endeavors as a small corporation and thank you for your consideration.

Please contact me if you need further information.

Singerely,

I MILW MAN-

Angelo Morris
President

bjl/reinstmojobs

CC: All Corporate Officers