

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION
FOR
REINSTATEMENT**

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

FILED

03 OCT 31 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000050237

1. Corporation Name

MABLEY STREET USA, INC.

Principal Place of Business

Mailing Address

51 5TH STREET NW
WINTER HAVEN FL 33881
US

313 MONTANA AVENUE
DAVENPORT FL 33837
US



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

240 FAIR HOPE PASS

Suite, Apt. #, etc.

City & State **DAVENPORT FL**

Zip **33897** Country **USA**

3. New Mailing Office Address, If Applicable

240 FAIR HOPE PASS

Suite, Apt. #, etc.

City & State **DAVENPORT FL**

Zip **33897** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida

05/14/2001

5. FEI Number

03-0440835
~~NOT APPLICABLE~~

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PARKER, RUPERT	PO BOX 5834 WELLINGBOROUGH 240 FAIR HOPE PASS	NORTHANTS NH 03825 U.K. DAVENPORT, FL 33897

300024338673
10/31/03--01081--018 **750.00

8. Name and Address of Current Registered Agent

PARKER, RUPERT
313 MONTANA AVENUE
DAVENPORT FL 33837

9. Name and Address of New Registered Agent

Name **DOUG CENTRAL FLORIDA VISA GROUP, INC.**
Street Address (P.O. Box Number is Not Acceptable)
590 S. DAK. AVE.
Suite, Apt. #, Etc.
City **BARTON** State **FL** Zip Code **33830**

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

Rupert Parker

REGISTERED AGENT MUST SIGN

Date

10/27/03

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: *RUPERT PARKER*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27th Oct 2003 **863420397**
Date Daytime Phone #

CR2E040 (7/03)