


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE	APPROVED AND FILED
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	

DOCUMENT # **P94000093840**

1. Corporation Name  
**I-95 & 76 MOBIL, INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 7644 SW LOST RIVER RD. STUART FL 34997	Mailing Address 7644 SW LOST RIVER RD. STUART FL 34997
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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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	12/21/1994
5. FEI Number	65-0591937
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MIRANDA, MIKE	3551 S.W. MARTIN HWY.	PALM CITY FL 34990

8. Name and Address of Current Registered Agent

MCCARTHY, TERENCE P.  
2081 EAST OCEAN BLVD.  
STUART FL 34996

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent Terence McCarthy REGISTERED AGENT MUST SIGN

Date 11/17/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side of information on Intangible tax.)

12. 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: Michael McCarthy **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/17/98 Daytime Phone # 561-781-0002

CR2E040 (9/98)