PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

				-			
CORPORATION REINSTATEMENT	FL	ORIDA DEPARTI Secretary DIVISION OF COI	of State		SEP TO AMIO: 1	۱,	
DOCUMENT # F96000000644 1. Corporation Name Keystone RV Company				TALL KINGSEE, PLORIDA			
2. Principal Office Address - No P.O. Box # 2642 Hackberry Drive Suite, Apt. #, etc.		6. Mailing Office Address	rry Drive	REINSTATEMENT 07-07 CR2E081 (1/07)			
		Suite, Apt. #, etc.		4. Date Incorpora		96	
City & State Goshen, Indiana		City & State Goshen, Indiana		5. FEI Number 34-1969	649	Applied For Not Applicable	
Zip Country 46526 Elkhar		ip 16526	Country Elkhart	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name					statement fee is imp		
CT Corporation Sy Street Address (P.O. Box Number is No. 1200 South Pine I Suite, Apt. #, Etc. City Plantation	t Acceptable)		ite 250 State Zip Code FL 33324		circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
8. I, being appointed the registered age Signature of Registered Agent	0.00	24 10.	Barbara A. Burke Special Assistant Sec	9	607.0505 or 617.0503, F.S. Date	57	
9. Names and Street Addresses of Ea	ch Officer and/or	Director (Florida nonprof	it corporations must list at l	east 3 directors)			
Titles Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip		
See Attached List				09/10/0	0109269 2 0701041007	**908.75	
				•			
	. <u></u>						
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 filling 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 contained in Chapter 119, 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 Date Destine Phone #							

KEYSTONE RV COMPANY CORPORATE OFFICERS

Chairman: H. Coleman Davis, III

Residence: 4790 N Via de la Granja, Tucson, AZ 85718

President: Ron Fenech

Residence: 11390 CR 14, Middlebury, IN 46540

Vice President of Administration: Kim M. Price

Residence: 23090 Greenleaf Blvd., Elkhart, IN 46514

Vice President – Finance: Tonja S. Lucchese

Residence: 22095 Sunset Lane, Elkhart, IN 46516

Vice President/Secretary: Walter Bennett

Residence: 952 Winfield Court, Sidney, OH 45365

Vice President/Assistant Secretary: David G. Thomas Residence: 3201 Cherry Tree Lane, Elkhart, IN 46516

Treasurer: Peter B. Orthwein

Residence: 154 Guards Road, Greenwich, CT 06831