

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 29 PM 3: 08

DOCUMENT # **P00000073476**

1. Corporation Name

AFFORDABLE MANUFACTURED HOMES, INC.

Principal Place of Business

Mailing Address

1541 HARMONY DRIVE
PORT CHARLOTTE FL 33952

1541 HARMONY DRIVE
PORT CHARLOTTE FL 33952



REINSTATEMENT B

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

07/31/2000

Matthew S. Kuchar
Suite, Apt. #, etc.

Matthew S. Kuchar
Suite, Apt. #, etc.

5. FEI Number

Applied For

8072 Harrisburg Dr
City & State

8072 Harrisburg Dr
City & State

65-1027589

Not Applicable

Ft Myers FL
Zip Country

Ft Myers FL
Zip Country

6. CERTIFICATE OF STATUS DESIRED

\$9.75 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
PCEO	DESJARDINS, ALAN	1541 HARMONY DRIVE	PORT CHARLOTTE FL 33952
D	DESJARDINS, ALAN	1541 HARMONY DRIVE	PORT CHARLOTTE FL 33952
VSD	KUCHAR, MATTHEW S	9854 BERNWOOD PLACE DR #204	FT MYERS FL 33952
			500004685105--6 -11/16/01--01049--011 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DESJARDINS, ALAN
1541 HARMONY DRIVE
PORT CHARLOTTE FL 33952

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

[Signature] SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/24/01

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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/01 941-707-8202

Date Daytime Phone #

CR20040 (8/01)