PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT# 1. Corporation Name PRINCIPAL COUNTRY MOBILE HOMES TNO PRINCIPAL COUNTRY MOBILE HOMES TNO PRINCIPAL COUNTRY MOBILE HOMES TNO CTY E. CASO FLOO CLA Sulte, Apt. 8, etc. 3. Mailing Office Address CTY E. CASO FLOO CLA Sulte, Apt. 8, etc. 4. Date Incorporated or Challified To Do Business in Florids CLY & State CLE LUIC TOW 3 3 4 40 Country 3 3 4 40 Country 3 3 4 40 To Do Business in Florids To Do Bu	REINSTATEMENT		DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS		FILED 07 JUN -6 PM 2:58		
1. Corporation Name PREDITATEMENT 03-07 Principal Office Address - No P.O. Box # PREDITATEMENT 03-07 CREGOST (1107) Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. City & State CLLUS & Tow Town Country 33 440 Holder Address of Current Registered Agent Nome Town Apt. # Apt. # Apt. Size Apt. # Apt. # Apt. Town Apt. # Apt. Town Apt. # Apt. Town Apt. # Apt. Town Apt. # Apt. Apt. Country 33 440 Holder Address of Current Registered Agent Nome Town Apt. Street Address @ O. Box Lymbre is Not Acceptable Long Apt. Creating appointed the registered agent of the above-camed corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Predistreed Agent Recistreed Agent Recistreed Agent Nome of Officer and/or Directors Creating appointed the registered agent of the above-camed corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Recistreed Agent Recistreed Agent Recistreed Agent Recistreed Agent Nome of Officer and/or Directors Creation Country Apr. Recistreed Agent Must side Recistreed Agent Must side Recistreed Agent Must side Recistreed Agent Must side Recistreed Agent Must side all as all as all as all agent and a country and							
Suite, Apt. #, etc. City & State CLEWISTON Country 3 3 4 4 0 Hendry To be Business in Florida The reinstatement fee is imposed, except in 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. Chy State Place Business and requesting the reinstatement fee be waived. State Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Date Titles Titles The reinstatement fee is imposed, except in Circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you	DOCUMENT# 1. Corporation Name ALPINE CONNTRY P9800006	9 mobile 1 25 18	Homes Ine		ALL AHA SSEE, FLO	ATE RIDA	
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City & State CLEUIC FOR Country 33 4 40 Country 35 4 40 Hadders of Current Registered Agent 7. Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16. The reinstatement fee is imposed, except in 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. City ADLE FL 33470 8. I, being appointed the registered agent of the above gamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent PREGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Officers and/or Directors City / State / Zip City / State				4. Date Incom	orated or Qualified		
Country Zip	City & State	City & State			ness in Florida 7-16	-98	
219 33440 Hedday 35440 Hedday 35440 Hedday 35440 Hedday 35440 Hedday 7. Name and Address of Current Registered Agent Name 3558 PL WALB Street Address (P.O. Box Number is Not Acceptable) 16799 YANGE LIDE City City City State State State State City State City State City Agent City Registered Agent Name of Officers and/or Directors Name of Officers and/or Directors Name of Officers and/or Directors City State Street Address (P.O. Box Number is Not Acceptable) City State State Zip Code FL 35472 State Zip Code FL 35472 Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Robin Street Address of Each Officers and/or Directors City / State / Zip City / State / Zip Name of Officers and/or Directors City / State / Zip Name of Officers and/or Directors City / State / Zip City / State / Zip Name of Officers and/or Directors City / State / Zip City / St	CLEWISTON	dl.		5. FEI Number	52511	<u> </u>	
Name Street Address (P.O. Box Number is Not Acceptable) LOT 99 YANGER/DE BLUD Street Address (P.O. Box Number is Not Acceptable) LOT 99 YANGER/DE BLUD Suite, Apt. #. Etc. City LOX PALATCLES State			1	6. SEPTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #. Etc. City State FL State State FL State State City Ci	7. Name and Address of Current Registered Agent						
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Officers and/or Directors City / State / Zip U. P. J. SEPH WARD 16758 Form 9 sain WE \$100 how ATTAKEE \$133470 PRES FLENNORA LOTTO 675 EIPAR FIRE CIR CIR CLEWISTING 33470	Street Address (P.O. Box Number is Not Acceptable) 1:6799			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			
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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 dialify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shell have the same legal effect as a final a-under oath.							
	SIGNATURE: SIGNATURE AND TYPED OR PI		1 12-1	Mills	<i></i>	time Phone #	