

2004 FOR PROFIT CORPORATION REINSTATEMENT



FILED
04 OCT 25 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 310188 1. Entity Name MIAMI MOBILE HOUSES, INC.							
Principal Place of Business 21030 W DIXIE HWY <i>21330 W. DIXIE HWY</i> NORTH MIAMI BEACH, FL 33180		Mailing Address 21030 W DIXIE HWY <i>21330 W. DIXIE HWY</i> NORTH MIAMI BEACH, FL 33180					
2. Principal Place of Business <i>21330 W. DIXIE HWY</i>		3. Mailing Address <i>21330 W. DIXIE HWY</i>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State <i>N. MIAMI BEACH FL</i>		City & State <i>N. MIAMI BEACH FL</i>		4. FEI Number 59-1153818			
Zip <i>33180</i>		Country MIAMI DADE		Applied For Not Applicable			
6. Name and Address of Current Registered Agent KAYE, AL M. 21330 W DIXIE HWY <i>W. DIXIE HWY</i> N. MIAMI BEACH, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE: <i>[Signature]</i>				DATE: <i>10/22/04</i>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAYE, AL M. 21330 W DIXIE HWY MIAMI, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100042164111 10/25/04--01081--008 **150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAYE, ARLENE C. 21330 W DIXIE HWY MIAMI, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMMOND, SANDRA E 21330 W DIXIE HWY MIAMI, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and all other like empowerments.							
SIGNATURE: <i>[Signature]</i>				DATE: <i>10/22/04</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				PHONE NUMBER: <i>305-931-0411</i>			