

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 439436

1. Corporation Name

CORBETT'S MOBILE HOME SUPPLY & SERVICE, INC

Principal Place of Business

HWY 252
RT 11 BOX 8
LAKE CITY FL 32024
4S

Mailing Address

HWY 252
RT 11 BOX 8
LAKE CITY FL 32024
4S

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/1973

5. FEI Number

59-1544083

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CORBETT, RONNIE	RT 2 BOX 198	LIVE OAK FL
S	PICKLES, DEBBIE CORBETT	RTE. 2, BOX 21203	LIVE OAK FL

REINSTATEMENT

700008597137

10/25/02 91083-018 **750.00

8. Name and Address of Current Registered Agent

MCDONALD, TERRY
128 N HERNANDO ST
LAKE CITY FL 32024

9. Name and Address of New Registered Agent

Name

Ronnie Corbett

Street Address (P.O. Box Number is Not Acceptable)

8001 Hogan Rd.

Suite, Apt. #, Etc.

City

Live Oak

State

FL

Zip Code

32060

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. or 617.0505, F.S.

Signature of
Registered Agent

Ronnie Corbett
REGISTERED AGENT MUST SIGN

Date 10-22-02

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:

Ronnie Corbett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(386) 10-2202 752-6221

CR2E040 (8/02)