PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -7 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 672384

REINSTATEMENT 02-04

1. Corporation Name
CLEAR-BAY MOBILE HOME EXCH. INC

2. Principal Office Address	**3.** Mailing Office Address
13030 STARKEY RD	29 N PINE CIRCLE
Suite, Apt. #, etc. #6	Suite, Apt. #, etc.
City & State LARGO FL.	City & State BELLEAIR
Zip 33773 Country PIN	Zip 33756 Country PIN

4. Date Incorporated or Qualified To Do Business in Florida JUNE 4TH, 1980

5. FEI Number 59-2001647 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name LEON ANGELIKOUSSIS
600032095526
04/07/04--01040--012 **150.00

Street Address (P.O. Box Number is Not Acceptable) 29 N. PINE CIRCLE
600032095526
04/07/04--01040--013 **30.00

Suite, Apt. #, Etc.

City BELLEAIR. State FL Zip Code 33756

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 LEON ANGELIKOUSSIS Date 4-7-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
Pres	LEON ANGELIKOUSSIS	29 N. PINE Circle	BELLEAIR. FL. 33756
V. Pres	MICHAEL ANGELIKOUSSIS	1673 S. FREDERICA Ave	CLEARWATER, FL 33756
Secr.	MICHAEL ANGELIKOUSSIS	1673 S. FREDERICA Ave	CLEARWATER, FL. 33756
Treas	MICHAEL ANGELIKOUSSIS	1673 S. FREDERICA Ave	CLEARWATER, FL 33756
Dir	MICHAEL ANGELIKOUSSIS	1673 S. FREDERICA Ave	CLEARWATER, FL. 33756

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 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: LEON ANGELIKOUSSIS 4-7-04 727.447.9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1550 SOUTH MISSOURI AVENUE, CLEARWATER, FLORIDA 33756 PHONE (727) 447-9555

Clear-Bay
MOBILE HOME EXCHANGE

April 6th, 2004

RE: Doc: 672384

TO: SECR. OF STATE
DIV. OF CORPORATION
409 E. GAINES
TALLAHASSEE, FL 32399

Dear Ms Peterson.

I respectfully request that you waive the reinstatement fee of $600. Because we never received the customary annual renewal due to the fact that we had "moved" from the Ulmerton Rd, address, to this present address.

As per your instructions I enclose $450.00 to cover the renewal of years, 2002, 2003, + 2004.

Thank you very much.

Yours truly.

LEON ANGELIKOUSSIS
(727-447-9555)