2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 674215

1. Entity Name
T & J MOBILE HOME SERVICE, INC.

FILED
05 OCT -3 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09292005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
174 DUSK WAY FORT PIERCE, FL 34979-2177	PO BOX 12177 FORT PIERCE, FL 34979-2177

2. Principal Place of Business	3. Mailing Address
495 PELICAN SHOAL PL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT PIERCE FL	City & State
Zip: 34982 Country: USA	Zip Country

4. FEI Number: 59-2051089 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MACPHERSON, WILLIAM 141 SUNRISE DR. FORT PIERCE, FL 34945	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 _____ 09/29/05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACPHERSON, WILLIAM 141 SUNRISE DR. FT. PIERCE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400060499574 10/11/05--01063--002 **900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: _____ William T. MacPherson 09/29/05 772 466 3511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #