

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 822899

## 1. Corporation Name

Phoenix Mobile Homes, Inc.

## 2. Principal Office Address

1330 Charlestown Road

Suite, Apt. #, etc.

City &amp; State

Phoenixville, PA

Zip

19460

Country

USA

## 3. Mailing Office Address

1330 Charlestown Road

Suite, Apt. #, etc.

City &amp; State

Phoenixville, PA

Zip

19460

Country

USA

## 4. Date Incorporated or Qualified

To Do Business in Florida 06/06/1969

## 5. FEI Number

231570943

Applied For

Not Applicable

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

REINSTATEMENT 01-04

## 7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 S. Pine Island Road

Suite, Apt. #, Etc.

250

City

Plantation

State

FL

Zip Code

33324

## 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 AgentPETER F. SOUZA  
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

3/15/04

## 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
P/D	James K. Overstreet	315 Nataile Road	Phoenixville, PA 19460
S/T	Elizabeth Fifer	1281 Janic Lane Box 157	Burchrunville, PA 19421

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)(f), 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:

  
 ELIZABETH A. FIFER  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-11-04

Daytime Phone #

610-  
933-5627

CR2081 (01/04)