

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 27 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 327559

1 Corporation Name
~~LIBERTY HOMES, INC.~~ LIBERTY MOBILE HOMES OF
FLORIDA, INC

Principal Place of Business Mailing Address
1101 EISENHOWER DRIVE N PO BOX 35
GOSHEN IN 46526 GOSHEN IN
46527-0035

REINSTATEMENT 93-96

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

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable		3 New Mailing Address, If Applicable		4 Date Incorporated or Qualified To Do Business in Florida 2/11/72	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 FEI Number 35-1174256	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6 CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$375 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)

1 Titles)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES DIR, COB	EDWARD J. HUSSEY	1101 EISENHOWER DRIVE N	GOSHEN IN 46526
SEC DIR	EDWARD JOSEPH HUSSEY	1101 EISENHOWER DRIVE N	GOSHEN IN 46526
VP DIR	MICHAEL F. HUSSEY	1101 EISENHOWER DRIVE N	GOSHEN IN 46526
DIR	DAVID HUFFINE	1101 EISENHOWER DRIVE N	GOSHEN IN 46526
DIR	MITCHELL DAY	1101 EISENHOWER DRIVE N	GOSHEN IN 46526
VP	MARC A. DOSMANN	1101 EISENHOWER DRIVE N	GOSHEN IN 46526

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name: <u>DBD-30-96</u> Street Address (P.O. Box Number, if Applicable): <u>00002050350--4</u> Suite, Apt. #, Etc.: <u>01/08/97-01049-002</u> City: <u>***1053.75 ***1053.75</u> State: <u>FL</u> Zip Code: <u> </u>	

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.
Signature of Registered Agent: [Signature] Date: 12/11/96
REGISTERED AGENT MUST SIGN

11 Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Marc A. Dosmann MARC A. DOSMANN VP-CFO 12/6/96 24-533-0431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR040 (12-95)