

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 92-96

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"/> \$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)

| Titles) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|---------------|-----------------------------------|---|--------------------|
| 1 | 2 | 3 | 4 |
| 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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number, if Applicable)
Suite, Apt. #, Etc.
City
State
Zip Code

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]
REGISTERED AGENT MUST SIGN

Date 12/11/96

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: *[Signature]* 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 #