

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 AUG 21 PM 1:20

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000002164

1. Corporation Name

Eagle Crest Manufacture Home Park, INC.

2. Principal Office Address - No P.O. Box #

4674 Winding Woods Lane.

3. Mailing Office Address

4674 Winding Woods Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hamburg NY.

City & State

Hamburg NY.

Zip

14075

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/2002

5. FEI Number

161292628

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
NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City
Weston

State
FL

Zip Code
33331

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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
PCD	Gerald Filipiak	4674 Winding Woods Lane	Hamburg, NY.14075
VD	Ray Webber	6751 Boston state Road	Hamburg, NY.14075
SD	Lee Webber	3618 Eckhardt Road	Hamburg, NY.14075
	<i>[Signature]</i>		

08/21/07--01062--006 **\$600.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date **July 25, 2007** 716-913-1190
Daytime Phone #