

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> 98 OCT -8 PM 1111 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # <u>F96000003070</u> 1. Corporation Name <u>NATIONSCREDIT MANUFACTURED HOUSING CORPORATION</u>			
Principal Place of Business 1000 Holcomb Woods Parkway Rosell, Georgia 30076		Mailing Address 225 E. Carpenter Freeway Irving, TX 75062	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable 10401 Deerwood Park Blvd.		3. New Mailing Address, if Applicable 225 E. Carpenter Freeway	
Suite, Apt. #, etc. Bldg. 1		Suite, Apt. #, etc. Tower II - TX1-854-10-02	
City & State Jacksonville, FL		City & State Irving, TX	
Zip 32256	Country US	Zip 75062	Country US
		4. Date Incorporated or Qualified To Do Business in Florida June 18, 1996	
		5. FEI Number 23-2849419	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
\$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)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip
P/D	John W. Brink	10401 Deerwood Park Blvd.	Jacksonville, FL 32256
VP/S	Robert J. Holz	225 E. Carpenter Freeway	Irving, TX 75062
VP/T	To be appointed		
VP	Dawn Laske	225 E. Carpenter Freeway	Irving, TX 75062
		500002662625-4 -10/13/98-01049-004 ***908.75 ***908.75	
8. Name and Address of Current Registered Agent C/T Corporation System 1200 S. Pine Island Road Plantation, FL 33324		9. Name and Address of New Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL 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 <u>Connie Bryan</u> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date <u>10/8/98</u> REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <u>Dawn Laske</u> SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR		Dawn Laske, VP Date <u>10/2/98</u> 972/506-5667 Daytime Phone #	

CR2E040 (12/95)