	PLEASE REA	D ALL INST	RUCTIONS	BEFORE (COMPLETI	NG THIS FORI	М.	
			A DEPARTMEI Katherine Ha	NT OF STATE		s. (1. lé 1)		
DEINIGTATEMENT			Secretary of S		l w	LECKE IARY OF S ISION OF CORPO	TATL RATIONS	
DOCUMENT # F9800003726					99 NOV -8 AM 10: 37			
1. Corporation Name CAVALIER HOMES OF DELAWARE, INC.					4	1000030 -11/16/99 ****750,	46054 901082	3
Principal Place of Business Malling Addr			'ess		_	*****750	,00 *****7	'ŠÔ. 00
P.O. BOX 540 P.O. BOX ADDISON ADDISON ADDISON			•					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					REINS	TATEMEI	VT 99	
			iling Office Address, if Applicable 4.		4. Date Income	orated or Qualified less in Fiorida	06/23/1998	
Suite, Apt.			Suite, Apt. #, etc. City & State		5. FEI Number	63-0949734	Appi	lied For
			Zip Country		6.		Not a	Applicable
· · · · · · · · · · · · · · · · · · ·	<u> </u>			•	<u> </u>	OF STATUS DESIRED	for a Certificate	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at a Name of Officers Street Address of Each Officers Street Address of Each Officers					ch			
Title(s)	2		Officer and/or Director			City / State / Zip		
PD ROBERSON, DAVID A		1210 21ST STREET			HALEYVILLE AL			
c	DONNELL, BARRY		1210 21ST STREET		HALEYVILLE AL			
VSD	MURPHY, MICHAEL R		1210 21ST STREET		HALEYVILLE AL			
D	BROUGHTON III, THOMAS A		1210 21ST STREET		HALEYVILLE AL			
D	LOWE, JOHN W		1210 21ST STREET			HALEYVILLE AL		
D	JORDAN, LEE R	1210 21ST STREET			HALEYVILLE AL	Bull	5	
Name and Address of Current Registered Agent Name					9. Name and A	Address of New Register	ed Agent	
C. T. CORPORATION SYSTEM					P.O. Boy Number	ie Not Accentable)		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				
I COMPUTE SOCT				City			tate Zip Code	
					FL			
Signature o	g appointed the registered agent of the	e above named corp	oration, am familiar w	nun and accept the d	DINGATIONS OF Secti	10	125199	
Registered	Agent DALEW MORR	SIDENT STERED AC	SENT MUST SIGN			Date	111	

11. 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 estisfies 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)(i), 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