

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAY 22 PM 12:10
SECRETARY OF STATE
TALLAHASSEE-FLORIDA

DOCUMENT # **G08571**

1. Corporation Name

COUNTRY SQUIRE MOBILE HOME SALES, INC.

2. Principal Office Address

1820 Rock Springs Rd

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32712

Country

USA

3. Mailing Office Address

1820 Rock Springs Rd

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32712

Country

USA

REINSTATEMENT 99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/17/1982

5. FEI Number

59-2237641

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

J. Fenimore Cooper Jr.

400003283424 - 0

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

1820 Rock Springs Rd.

-05/09/00--01092--014

****900.00 ****900.00

Suite, Apt. #, Etc.

City

Apopka,

State
FL

Zip Code

32712

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 **5-3-00**

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
PD	Wayne P. Reese	1820 Rock Springs Rd	Apopka, FL 32712
D	Allen J. Cooper	1820 Rock Springs Rd	Apopka, FL 32712
S	J. Fenimore Cooper Jr.	1820 Rock Springs Rd	Apopka, FL 32712

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 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:

Allen J. Cooper, Dir.

5/3/00

KE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #