

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# G08571

FILED  
Nov 02, 2005  
Secretary of State

Entity Name: COUNTRY SQUIRE MOBILE HOME SALES, INC.

## Current Principal Place of Business:

1820 ROCK SPRINGS RD.  
APOPKA, FL 32712 US

## New Principal Place of Business:

2783 MARSH WREN CIRCLE  
LONGWOOD, FL 32779 US

## Current Mailing Address:

1820 ROCK SPRINGS RD.  
APOPKA, FL 32712 US

## New Mailing Address:

2783 MARSH WREN CIRCLE  
LONGWOOD, FL 32779 US

FEI Number: 59-2237641

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COOPER, ALLEN J  
1820 ROCK SPRINGS RD.  
APOPKA, FL 32712 US

## Name and Address of New Registered Agent:

COOPER, ALLEN J  
2783 MARSH WREN CIRCLE.  
LONGWOOD, FL 32779 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALLEN J. COOPER

11/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDST ( ) Delete  
Name: COOPER, ALLEN J  
Address: 1820 ROCK SPRINGS RD.  
City-St-Zip: APOPKA, FL 32712 US

Title: DSVP ( ) Delete  
Name: AMBROSE, MARY C  
Address: 1820 ROCK SPRINGS RD  
City-St-Zip: APOPKA, FL 32712

Title: AS (X) Delete  
Name: MCCARFERTY, BRIDGET  
Address: 1820 ROCK SPRINGS RD  
City-St-Zip: APOPKA, FL 32712

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change ( ) Addition  
Name: COOPER, ALLEN J  
Address: 2783 MARSH WREN CIRCLE  
City-St-Zip: LONGWOOD, FL 32779 US

Title: DSVP (X) Change ( ) Addition  
Name: AMBROSE, MARY C  
Address: 2783 MARSH WREN CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN J. COOPER

PRES

11/02/2005

Electronic Signature of Signing Officer or Director

Date