PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 04 NOV -1 PM 1: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
DOCUMENT # K02466 1. Corporation Name PINE WOOD MOBILE HOME RENTAL, INC									TAL	LAHASSI	EE. FĽÓŔI	ĎΑ		
6644 US	S 301													
2. Principal Office Address 6644 US 301				3. Mailin	3. Mailing Office Address			DERSTATE O3-0						
Suite, Apt. #, etc.				Suite, Apt.	Suite, Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida						
City & State RIVERVIEW FL				City & Sta	City & State			5. FEI Number Applied For 592934101 Not Applied be						
Zip 33569	9 Country USA		Zip	•	Country		6. CERTIFICATE		E OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status					
	7. Name and Address of Current Registered Agent													
	Name STANLEY STEPHEN SPENCER													
	Street Address (P.O. Box Number is Not Acceptable) 6644 US 301									**				
	Suite, Apt. #, Etc.													
	City RIVERVIEW								State FL	Zip Code 33569		1		
8. I, being	appointed the	registere	d agent of the	above named co	rporation, am f	amiliar with and a	ccept the ob	oligations of section	on 607.050	05 or 617.0503	3, F.S.		01/04)	
Signature of Registered Agent with Stephen Splener REGISTERED AGE						ENT MUST SIGN			bligations of section 607.0505 or 617.0503, F.S. Date 10-29-04					
9. Names	and Street Ad	dresses	of Each Officer			fit corporations m	ust list at lea	ast 3 directors)		···			1	
Titles	Name of Officers and/or Directors				Street Address of E Officer and/or Dire								1	
Р.	STANLEY STEPHEN SPENCER			NCER	6644 US 301			+-	RIVERVIEW FL 33569					
s	ROSALIE SPENCER				6644 US 301			RIVERVIEW FL 33569						
									\	BC WS				
										7				
						٠		117			5722 -016 **	3 600.00		
								1175	1/04=	-01082	017 **	3 808.75		
this rein owed by	nstatement app y the corporati application is t	lication, on have I rue and a	the reason for obeen paid and in accurate, and m	lissolution has be he names of indi y signature shall	een eliminated viduals listed o have the sam	o execute this app , the corporate na on this form do not e legal effect as If	me satisfies qualify for a made under	the requirements in exemption und	of section	607.0401 or 6	17.0401, F.S., 1	hat all fees		
SIGNAT	TURE:	TINL NATURE	AND TYPED OR	PRINTED NAME O	CCC OF SIGNING OF	FICER OR DIRECTO)R	10	- رک ے - (⁷ Date	04 81	3 - 67/ - / 6 Daytime Phone	*		

James R. Kist, CPA, P.A.

Certified Public Accountant

5301 Technology Drive Tampa, Florida 33647 PH: 813-972-3033 FAX: 813-972-9033 jrk.cpa@verizon.net

October 29, 2004

Department of State Division of Corporations Corporate Filings P. O. Box 6327 Tallahassee, Florida 32314

RE: Reinstatement of Corporation

Pine Wood Mobile Home Rental, Inc.

Dear Sir or Madam:

Enclosed you will find the corporation reinstatement form, and two checks. One check is for \$308.75 for years 2003, 2004, and a certificate of status, and the other check is for \$600 for the reinstatement fee.

We ask you in advance that you abate the \$600 reinstatement fee since our client, Pine Wood Mobile Home Rental, Inc, does not recall to the best of his knowledge of receiving the annual reports.

If you have any questions, please do not hesitate to call me.

Sincerely,

James R. Kist, CPA

Enclosures (2)