PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM APPLICATION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham FILED **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 96 DEC -9 AM 11: 11 **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE, FLORIDA 1 Corporation Name BAY MOBILE HOME SERVICES INC Principal Place of Business Mailing Address 5306 E 127+hAve PO BOX 291054 TAMPA, FL 33617 Temple Terrace, FL 33687 REINSTATEMENT (If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE Date incorporated or Qualified To Do Business in Florida 2 New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable 10/23/1991 Suite. Apt #, etc Suite, Apt. #, etc 5. FEI Number Applied For 59-2986503 City & State Not Applicable Country CERTIFICATE OF STATUS DESIRED 7 Names and Street Addresses of Each Officer and/or Director (Flonda nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Charles W. Manning 5306 € 1274 Ave Tampa, FL 33617 400002026184--4 ****375.00 ****375.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Charles W. Manning Street Address (P.O. Box Number is Not Acceptable) 5306 E. 1274 Ave Suite, Apt. #, Etc. State Zip Code FL 33617 Tampa

12 I do hereby certify that the information supplied with this liting 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 60? or 617, F.S. 1 further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 60?.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 each

10 It being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

SIGNATURE:

Signature of Registered Agent

City & State

Title(s)

P

Dept. of Revenue under S. 199.032, Florida Statutes. Yes

Does this corporation pay any intangible tax to the

(See other side for information on intangible tax.)