|  | PLEASE READ   | ALL INST   | RUCTIONS  | BEFORE C  | OMPLET  | ING THIS FORM  | <b>1</b> .   |             |
|--|---|--|---|---|---|--|--|-------------|
| 4  | PLICATION<br>FOR<br>ISTATEMENT  | A DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>VISION OF CORPORATIONS |   | · · · · · · · · · · · · · · · · · · ·   |   |  |  |             |
| BOCUMENT # M96000000366  |   |  |   |   | 97 DEC -2 PM 2: 30  |  |  |             |
| TREE STATE HOMES MANUFACTURING, LLC  |   |  |   |   | SECRETARY OF STATE<br>TALLAMASSEE, FLORIDA                |  |  |             |
| LAURI  | EASTVIEW DRIVE MAIL:<br>EL. MS 39440  | MS 39441   | MS 39441  |   | TALLAHASSEE,  | FLORIDA  |  |             |
| 500 1  |   | .O. BOX AUREL, M   |   |   |   |  |  |             |
| 1  | addresses are incorrect in any way, line thi<br>incipal Office Address, If Applicable   | formation and enter correction below.  |   | DO NOT WRITE IN THIS SPACE  4. Date incorporated or Qualified   |   |  |  |             |
| Suite, Apt.  |   | 1  | Suite, Apt. #, etc.   |   |   | To Do Business in Florida 09/18/96   |  |             |
| City & State   |   | City & State   |   |   | 5. FEI Number 64-0862                                     |  | Applied For<br>Not Applica   |             |
| Zip  | Country   | Zip Country  |   | ÿ   | 6.  | ICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status  |  |             |
| 7. Names i   | and Street Addresses of Each Officer and  | ]<br>'or Director (Flo   |   |   | st 3 directors)   |  |  |             |
| Title(s)   | Name of Officers<br>and/or Directors<br>2   |  | Street Address of Each<br>Officer and/or Director<br>3 (Do NOT Use Post Office Box N            |   | City / State / Zip  |  |  |             |
| MGRM   | RUSTIN, GREGORY   | 443 ORANGE DR.   |   |   | LAUREL, MS 39440  |  |  |             |
|  |   |  |   | ala mini  | 1111  | The second secon | 97   |             |
|  |   |  |   |   |   |  | Cicc   |             |
| 8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 4200 SOUTH PINE ISLAND RD. PLANTATION, FL. 33324 |   |  |   | 9. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable) 7-17-11135-1111 Suite, Apt. #, Etc. ### 703, 75 ### 703, 75  City State Zip Code |   |  |  |             |
| Signature of<br>Registered   | M. S. Green RE  | R  | ENT MUST SIGN A   | sst. Secy.  | igations of Section                                       |  | -/9.7  |             |
| 12. I do her<br>lease th<br>certify the  | reby certify that the information supplied we be Division of Corporations from any habilinat I am an officer or director or the receistatement application the reason for dissived by the corporation have been paid. The | ith this filing is v<br>y of non-complia<br>ver or trustee en<br>olution has beer          | rofuntarily furnished a<br>ance with Section 11<br>apowered to execute<br>a eliminated, the cor | and does not qualify I<br>9.07(3)(k) in the even<br>this application as p<br>porate name satisfies  | t that the informi<br>rovided for in ch<br>the requiremen | n stated in Section 119.07(3<br>ation supplied is deemed ex<br>apter 607 or 617, F.S. I funt<br>ts of section 607,0401 or 6  | ampt from public access<br>her certify that when file<br>17.0401, F.S., and that | ng I<br>all |
| SIGNATURE: JUGOS KUNTO 11/26/97 601-425-5999  ORLYONYO ROPPININI CHOMEOFMENTER FICER OR DIRECTOR Date Dayline Phone #                            |   |  |   |   |   |  |  |             |