

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO 4359

1. Corporation Name
CARE FREE COVE MOBILE HOMEOWNERS
INC.

Principal Place of Business Mailing Address
3078 NW 37th ST.
PO Box 491425
LAUDERDALE LAKES FL. 33309

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		Applied For	
Zip		Zip		<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED	
Country		Country		\$8.75 Additional Fee required for a Certificate of Status	

FILED
97 APR -7 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700002138187--9
-04/09/97--01101--007
***133.75 ***133.75
REINSTATEMENT 95 *[Signature]*

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City & State
P.	JOSEPH C.L. BENOIT	3225 NW 37th ST.	LAUDERDALE LAKES FL. 33309
U.P.	JOSEPH SPINE	3249 NW 37th ST.	LAUDERDALE LAKES FL. 33309
S.	JAMES LEONAD	3631 NW 32nd WAY	LAUDERDALE LAKES FL. 33309
T.	LEONORA BERTO	3256 NW 34th ST.	LAUDERDALE LAKES FL. 33309
D.	JACQUELINE FORTIN	3257 NW 37th ST.	LAUDERDALE LAKES FL. 33309
D.	ROSE BAND	3601 NW 32nd WAY	LAUDERDALE LAKES FL. 33309
D.	GAILE BRADLEY	3411 NW 32nd WAY	LAUDERDALE LAKES FL. 33309

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ISABELLA J. HADSALL <i>Pres.</i> 3600 NW 32nd TERR LAUDERDALE LAKES FL. 33309		JOSEPH C.L. BENOIT <i>Pres. elect.</i> 3225 NW 37th ST. LAUDERDALE LAKES FL. 33309	

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

Signature of Registered Agent: *Isabella J. Hadsall* REGISTERED AGENT MUST SIGN Date: 3/2/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *Isabella J. Hadsall* *Pres.* 3/2/97 (954) 486-5388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2090 (12/96)