

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SECRET  
DIVISION OF REVENUE

06 OCT 16 PM 2:51

REINSTATEMENT

06



10122006 REIN-NP CR2E099 (11/05)

|   |                               |  |  |   |  |
|---|-------------------------------|--|--|---|--|
| <b>DOCUMENT # N09031</b><br>1. Entity Name<br><b>MOBILE HOME OWNERS OF SUNRISE 31 SOUTH, INCORPORATED</b>   |                               |  |  |   |  |
| Principal Place of Business<br><b>SUNRISE MOBILE HOME PARK<br/>2371 SE HWY 31<br/>ARCADIA, FL 34266 US</b>  |                               |  | Mailing Address<br><b>SUNRISE MOBILE HOME PARK<br/>2371 SE HWY 31<br/>ARCADIA, FL 34266 US</b>   |   |  |
| 2. Principal Place of Business  |                               | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |                               | Suite, Apt. #, etc.  |  |   |  |
| City & State  |                               | City & State   |  | 4. FEI Number<br><b>NOT APPLICABLE</b>                            |  |
| Zip   |                               | Zip  |  | Country   |  |
| 6. Name and Address of Current Registered Agent   |                               |  | 7. Name and Address of New Registered Agent  |   |  |
| <b>WEAVER, PAUL A<br/>2371 SE HY 31 LOT 72<br/>ARCADIA, FL 34266</b>  |                               |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> Zip Code |   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |                               |  |  |   |  |
| SIGNATURE: <u>PAUL A. WEAVER - Paul A. Weaver</u>   |                               | (NOTE: Registered Agent signature required when reinstating)                                 |  | DATE: <u>10-13-06</u>   |  |
| <b>FILE NOW!!! FEE IS \$61.25<br/>After January 1, 2007, Fee will be \$122.50</b>   |                               | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  | <b>Make check payable to<br/>Florida Department of State</b>      |  |
| 10. OFFICERS AND DIRECTORS  |                               |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE   | P                             | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  | <b>KESON, SHIRLEY</b>         |  | NAME   | <b>800080882498</b>   |  |
| STREET ADDRESS  | <b>2371 SE HWY 31 LOT 30</b>  |  | STREET ADDRESS   | <b>10/16/06--01052--014 **61.25</b>                               |  |
| CITY-ST-ZIP   | <b>ARCADIA, FL 34266</b>      |  | CITY-ST-ZIP  |   |  |
| TITLE   | VP                            | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  | <b>BEALL, DALE</b>            |  | NAME   |   |  |
| STREET ADDRESS  | <b>2371 SE HWY 31 LOT 15</b>  |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | <b>ARCADIA, FL 34266</b>      |  | CITY-ST-ZIP  |   |  |
| TITLE   | TD                            | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  | <b>WEAVER, PAUL A</b>         |  | NAME   |   |  |
| STREET ADDRESS  | <b>2371 SE HWY 31 LOT 72</b>  |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | <b>ARCADIA, FL 34266</b>      |  | CITY-ST-ZIP  |   |  |
| TITLE   | SD                            | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  | <b>APPLEGATE, ANN</b>         |  | NAME   |   |  |
| STREET ADDRESS  | <b>2371 SE HWY. 31 LOT 76</b> |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | <b>ARCADIA, FL 34266</b>      |  | CITY-ST-ZIP  |   |  |
| TITLE   | D                             | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  | <b>WALLACE, JOHN</b>          |  | NAME   |   |  |
| STREET ADDRESS  | <b>2371 SE HWY 31 LOT 17</b>  |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | <b>ARCADIA, FL 34266</b>      |  | CITY-ST-ZIP  |   |  |
| TITLE   |                               | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  |                               |  | NAME   |   |  |
| STREET ADDRESS  |                               |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                               |  | CITY-ST-ZIP  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. |                               |  |  |   |  |
| SIGNATURE: <u>Paul A. Weaver - PAUL A. WEAVER</u>   |                               | (NOTE: Registered Agent signature required when reinstating)                                 |  | DATE: <u>10-13-06</u>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                               |  |  |   |  |

863-993-4271