

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 27 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41810

1. Corporation Name

New England Mobile Home Tenants Association

2. Principal Office Address - No P.O. Box #

Jacques Dupuis

3. Mailing Office Address

21 Maple Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood

City & State

Hollywood Florida

Zip

33023

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Louise Longtin

Street Address (P.O. Box Number is Not Acceptable)

1 Pine Street

Suite, Apt. #, Etc.

City

Hollywood Florida

State

FL

Zip Code

33023

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

000147723050

04/25/08-90113--040 **61.25

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Louise Longtin	1 Pine Street	Hollywood Florida, 33023
STD	Jacques Dupuis	21 Maple Street	Hollywood Florida, 33023
TBT	Richard Dumont	4 Spruce Street	Hollywood Florida, 33023
TDT	Carol Baswel	11 Pine Street	Hollywood Florida, 33023
TDT	Betty Hopkins	4 Elm Street	Hollywood Florida, 33023

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10. 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 contained in Chapter 119, 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:

Jacques Dupuis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24th, 2009

954-985-5614

954-759-1994

Date

Daytime Phone #

REINSTATEMENT 07-09