

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000005253

FILED
Oct 24, 2009
Secretary of State

Entity Name: THRIFT MOBILE HOME SERVICE, INC.

Current Principal Place of Business:

212 NW NYE HUNTER DR.
LAKE CITY, FL 32055

New Principal Place of Business:

5557 N.W. FALLING CREEK ROAD
WHITE SPRINGS, FL 32096

Current Mailing Address:

212 NW NYE HUNTER DR.
LAKE CITY, FL 32055

New Mailing Address:

5557 N.W. FALLING CREEK ROAD
WHITE SPRINGS, FL 32096

FEI Number: 59-3707699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THRIFT, BERNARD D
212 NW NYE HUNTER DR
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

THRIFT, BERNARD D
5557 N.W. FALLING CREEK ROAD
WHITE SPRINGS, FL 32096 US

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.

SIGNATURE: BERNARD D. THRIFT

10/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THRIFT, BERNARD D
Address: 212 NW NYE HUNTER DR
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: THRIFT, PAMELA
Address: 212 NW NYE HUNTER DR
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: THRIFT, BERNARD D
Address: 5557 N.W. FALLING CREEK ROAD
City-St-Zip: WHITE SRINGS, FL 32096

Title: D (X) Change () Addition
Name: THRIFT, PAMELA D
Address: 5557 N.W. FALLING CREEK ROAD
City-St-Zip: WHITE SPRINGS, FL 32096

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARD D. THRIFT

D

10/24/2009

Electronic Signature of Signing Officer or Director

Date