

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000074964

**FILED**  
**Sep 21, 2006**  
**Secretary of State**

**Entity Name:** BEST VALUE MOBILE HOMES INC.

**Current Principal Place of Business:**

34499 HWY 27 S  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

1606 ROBIN STREET  
AUBURNDALE, FL 33823

**New Mailing Address:**

**FEI Number:** 59-3661919

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PITTS, PAMELA  
1606 ROBIN STREET  
AUBURNDALE, FL 33823 US

**Name and Address of New Registered Agent:**

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: PAMELA PITTS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PITTS, PAMELA  
Address: 1606 ROBIN STREET  
City-St-Zip: AUBURNDALE, FL 33823

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAMELA PITTS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MS

09/21/2006

\_\_\_\_\_  
Date