PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -3 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600023545576
10/03/03--01063--021 **758.75

REINSTATEMENT 03

DOCUMENT # P00000074964

1. Corporation Name
Best Value mobile Homes Inc,

2. Principal Office Address	3. Mailing Office Address
34499 Hwy 27S	1606 Robin St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Haines City, FL	City & State: Auburndale, Fl
Zip: 33844 County: Polk	Zip: 33823 County: Polk

4. Date Incorporated or Qualified To Do Business in Florida: 2000

5. FEI Number: 59-3661919 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Pameta Pitts
Street Address (P.O. Box Number is Not Acceptable): 1606 Robin Street
Suite, Apt. #, Etc:
City: Auburndale State: FL Zip Code: 33823

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: Pamela Pitts (REGISTERED AGENT MUST SIGN) Date: Oct 1, 03

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
P	Pameta Pitts	1606 Robin Street	Auburndale, Fl 33823

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 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: Pamela Pitts Oct 1, 03 863-422-0422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 10/7