

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -1 AM 8:00

DOCUMENT # *P01000110985*

1. Corporation Name

mobile Home living, Inc.

2. Principal Office Address

3574 Lantana Rd
Suite, Apt. #, etc.

D/A
City & State

Lantana, Fla.

Zip *33462* Country *USA*

3. Mailing Office Address

3574 Lantana Rd.
Suite, Apt. #, etc.

Lantana, Fla.
City & State *Lantana, Fla.*

Zip *33462* Country

UBR 2002 + 2003

900021985719
08/01/03--01023--006 **150.00

4. Date Incorporated or Qualified To Do Business in Florida

11/19/2001

5. FEI Number

05-1152693

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jen-Jen Jordan

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

169 Atlantis Blvd. #302

Suite, Apt. #, Etc.

#30

City

Atlantis

900021985719
08/15/03--01061--026 **150.00

State
FL

Zip Code

33402

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

Jennifer Jordan
REGISTERED AGENT MUST SIGN

Date *7/28/03*

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
<i>Pres.</i>	<i>Jennifer Jordan</i>	<i>169 Atlantis Blvd.</i>	<i>Atlantis, Fla. 33402</i>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer Jordan

7/28/03
Date

561-721-2230
Daytime Phone #

CR2E081 (10/02)

TO WHOM IT MAY CONCERN:

JULY 28, 2003

MOBILE HOME LIVING, INC. JUST RECEIVED A NOTICE FOR REINSTATEMENT FOR THE CORPORATION FOR THE AMOUNT OF \$750.

ACCORDING TO OUR ACCOUNTANT, WE SHOULD HAVE RECEIVED THIS NOTICE IN MAY AND THEREFORE WOULD ONLY HAVE TO PAY \$150.

~~WE NEVER RECEIVED SUCH A NOTICE IN MAY.~~

THEREFORE I AM ENCLOSING THE REINSTATEMENT FORMS AND THE AMOUNT OF \$150.

PLEASE MAKE SURE THAT WE RECEIVE OUR REINSTATEMENT NOTICE IN TIME FOR NEXT YEAR'S RENEWAL.

THANK YOU FOR YOUR ATTENTION TO THIS MATTER.

SINCERELY YOURS

**JENIFER JORDAN
PRESIDENT
MOBILE HOME LIVING, INC.**