

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 19 AM 10: 21

DOCUMENT # P01000122336

1. Corporation Name

COUNTRY HAVEN MOBILE HOME PARK, INC.

2. Principal Office Address 1125 N. 13th Avenue		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pensacola, FL		City & State	
Zip 32501	Country USA	Zip	Country

REINSTATEMENT
09-06

300082647873
12/19/06--01056--019 **1050.00

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 12/31/2001

5. FEI Number 80-0021230	Applied For <input checked="" type="checkbox"/>
Not Applicable	

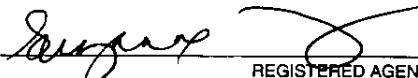
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Suzanne N. Whibbs		
Street Address (P.O. Box Number is Not Acceptable) 105 E. Gregory Square		
Suite, Apt. #, Etc.		
City Pensacola		State FL
		Zip Code 32502

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



Date 12/13/06

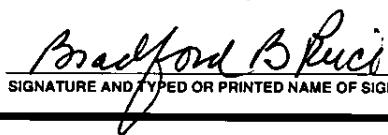
REGISTERED AGENT MUST SIGN

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,D	Bradford Price	1125 N. 13th Avenue	Pensacola, FL 32501

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/06 850 516 2161

Date

Daytime Phone #