

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 13 AM 8:51

DOCUMENT # P02000021467

1. Corporation Name

JUSTIN'S MOBILE HOME SERVICES INC.

Principal Place of Business

Mailing Address

9009 LINCOLN RD.
ST. CLOUD FL 34773

9009 LINCOLN RD.
ST. CLOUD FL 34773



0304

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

02-0555181

Not Applicable

Zip

Country

Zip

Country

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	COLLINS, JUSTIN W	9009 LINCOLN RD.	ST. CLOUD FL 34773
		300027372423 01/21/04--01101--006 **300.00	
		300027372423 01/21/04--01101--007 **8.75	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLLINS, JUSTIN W
9009 LINCOLN RD.
ST. CLOUD FL 34773

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Justin Collins

Date 1/8/04

REGISTERED AGENT MUST SIGN

11. 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:

Justin Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/04

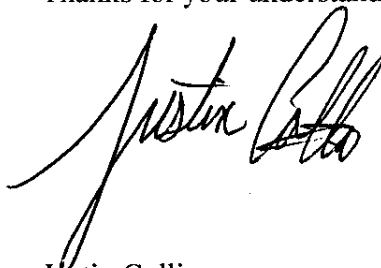
407-891-0255

CR2E040 (7/03)

To Whom It May Concern:

Around March of 2003 I went online to due my annual report. I submitted payment by my Visa card. My bank rejected the amount due to the fact that I put my business address down and not my personal address. I do apologize for this incontinence. I am including this letter along with the Reinstatement form. I never received notification that anything was wrong until January of 2004 that I was dissolved. I am asking the fee to be waived and was instructed by Katrina to include this letter and last and this years payment of \$150, totaling \$300.

Thanks for your understanding

A handwritten signature in black ink, appearing to read "Justin Collins", with a stylized flourish at the end.

Justin Collins
Justin's Mobile Home Services Inc.
Document # P02000021467