PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 17 PM 7:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000130064

1. Corporation Name
Quality Mobile Home Set Up and Service, INC

REINSTATEMENT 03-05
12/17/03 01009 018 $600.00

2. Principal Office Address	**3.** Mailing Office Address
1505 S.W 252 B	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake City FL	City & State
Zip: 32024 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 12-09-02

5. FEI Number: 33-1039826 ☐ 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: DONNA L. GOODSON
Street Address (P.O. Box Number is Not Acceptable): 1503 SW 252 B
Suite, Apt. #, Etc.:
City: Lake City State: FL Zip Code: 32024

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: Donna L. Goodson Date:
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
PRES TREAS.	BRUCE B GOODSON	1503 SW 252 B	LAKE CITY FL 32024
V. PRES SECTY	DONNA L. GOODSON	1503 SW 252 B	LAKE CITY FL 32024
		400060690964 10/17/05--01076--019 **450.00	

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: Bruce B Goodson President 8/25/05 386-755-1783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #