


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 APR 27 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DOCUMENT # P03000000207 1. Entity Name MOBILE HOME PARK TRADER, INC.	
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Principal Place of Business 511 HOPKINS LANDING QUINCY, FL 32351	Mailing Address 511 HOPKINS LANDING QUINCY, FL 32351
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04272005 REIN-P CR2E098 (6/04)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FLETCHER, CLARK 511 HOPKINS LANDING QUINCY, FL 32351	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President/Secretary/Director</i> Clark Fletcher 511 Hopkins Landing Quincy FL 32351	<input type="checkbox"/> Change <input type="checkbox"/> Addition	200054333032 05/12/05--01061--008 ***308.75
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clark Fletcher *Clark Fletcher* 4/27/05 8509802121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #