

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000154927

Entity Name: R J MOBILE HOME SERVICE, INC.

**FILED**  
**Oct 22, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

4540 COUNTRY TRAILS DR  
POLK CITY, FL 33868

**New Principal Place of Business:**

**Current Mailing Address:**

4540 COUNTRY TRAILS DR  
POLK CITY, FL 33868

**New Mailing Address:**

FEI Number: 83-0378397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLEN, FELICIA  
4540 COUNTRY TRAILS DR  
POLK CITY, FL 33868 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: FELICIA ALLEN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ALLEN, RANDY  
Address: 4540 COUNTRY TRAILS DR  
City-St-Zip: POLK CITY, FL 33868

Title: D ( ) Delete  
Name: ALLEN, FELICIA  
Address: 4540 COUNTRY TRAILS DR  
City-St-Zip: POLK CITY, FL 33868

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELICA ALLEN

P

10/22/2009

Electronic Signature of Signing Officer or Director

Date