

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 DEC 22 PM 2:42

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000156392**

1. Corporation Name

C & K MOBILE HOMES SALES & SERVICE, INC.

**400061518114**  
11/17/05--01044--004 \*\*\$900.00

2. Principal Office Address

LOT 38 NE 300TH STREET

3. Mailing Office Address

P.O. BOX 1572

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CROSS CITY, FL

City & State

OLD TOWN, FL

Zip  
32628

Country  
U.S.A.

Zip  
32680

Country  
U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/22/2003

5. FEI Number

20-0526705

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 04-05**

**7. Name and Address of Current Registered Agent**

Name

DARRELL CONNELL

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

LOT 38 NE 300TH STREET

Suite, Apt. #, Etc.

City

CROSS CITY, FL

State

FL

Zip Code

32628

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

*[Signature]*

Date **12-16-05**

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	Darrell Connell	370 NE 112th Ave	Old Town, FL 32680
VP	Travis Kelly	144 NE 159th Ave	Old Town, FL 32680

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:

*[Signature]* Darrell Connell

Date

11-7-05

Daytime Phone #

352 3562009