

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000011504

1. Corporation Name

SOUTH FLORIDA MOBILE HOME MOVERS, INC.

2. Principal Office Address - No P.O. Box #

163 22nd Circle

Suite, Apt. #, etc.

City & State

Okeechobee, FL

Zip

34974

Country

USA

3. Mailing Office Address

Same as Principal Office Address

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/2005

5. FEI Number

20-3728675

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

Cary P. Sabol, Esq.

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

2701 PGA Boulevard

Suite, Apt. #, Etc.

Suite B

City

Palm Beach Gardens

State

FL

Zip Code

33410

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **1/29/2010**

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	Gene L. Warensford	163 22nd Circle	Okeechobee, FL 34974
ST	Betsy R. Valentine	163 22nd Circle	Okeechobee, FL 34974

10. E-mail Address: **csabol@saslawgroup.com**

(To be used for future annual report notification)

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. I further certify, 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:

Cary P. Sabol, Esq., Authorized Representative

1/29/2010 561.691.6045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
10 FEB -2 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/02/10--01040--014 **450.00
CR2E081 (11/09)

REINSTATEMENT

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