

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000052186

**FILED**  
**Dec 05, 2013**  
**Secretary of State**

**Entity Name:** OLIN'S MOBILE HOME TRANSPORT OF FLORIDA, INC.

**Current Principal Place of Business:**

2948 NE 185TH STREET  
STARKE, FL 32091 US

**New Principal Place of Business:**

**Current Mailing Address:**

2948 NE 185TH STREET  
STARKE, FL 32091 US

**New Mailing Address:**

1217 WYOMING AVE  
FORT PIERCE, FL 34982 US

**FEI Number:** 27-2900553

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWELL, PAUL D  
260 S. LAWRENCE BLVD.  
SUITE 201  
KEYSTONE HEIGHTS, FL 32656 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: PAUL D NEWELL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OLIN, CHRISTOPHER  
Address: 2948 NE 185TH STREET  
City-St-Zip: STARKE, FL 32091

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER OLIN

P

12/05/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date