

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 MAR 15 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P93000061369

**1. Corporation Name**

Florida Association of Manufactured  
& Mobile HOME Park Owners Inc.

**2. Principal Office Address**

1201 S McCall Rd

Suite, Apt. #, etc.

City & State

Englewood Fl

Zip

34223

Country

Charlotte

**3. Mailing Office Address**

P O Box 1283

Suite, Apt. #, etc.

City & State

Englewood Fl

Zip

34295

Country

Charlotte

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/2/93

**5. FEI Number**

65-0441934

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

Thomas M Dignam

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

1201 S. McCall Rd

Suite, Apt. #, Etc.

City

Englewood

State  
**FL**

Zip Code

34223

**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

2-29-00

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/T/D	David M Dignam	1201 S McCall Rd	Englewood Fl 34223
V/S/D	Thomas M Dignam	1201 S. McCall Rd	Englewood Fl 34223
D	Eric Jon Fogo	1201 S McCall Rd	Englewood Fl 34224

99-00 TS AR

**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]* **THOMAS M. DIGNAM**

Date

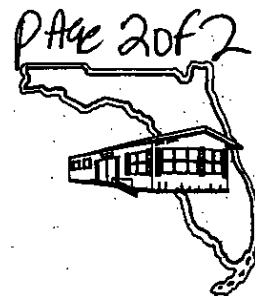
2-29-00

Daytime Phone #

141-474-9571

CR2E081 (9/99)

**Florida Association of Manufactured and Mobile Home Park Owners, Inc.**



March 14, 2000

State of Florida  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

Re: Florida Association of Manufactured & Mobile Home  
Park Owners Inc. ( Ref # P93000061369)

Dear Tyrone:

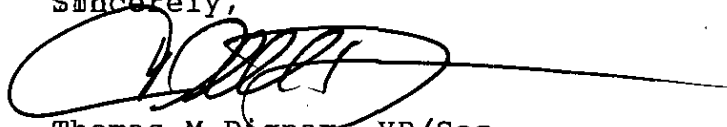
This is to advise you that we did not receive the 1999  
annual report billing notice.

Can you please waive the reinstatement fee of \$ 600.

Attached you will find a check in the amount of \$ 300.00  
for 1999 and the current year 2000

We thank you for your help in this matter and if you need  
any further information, please feel free to give me a call.

Sincerely,



Thomas M Dignam, VP/Sec.  
Florida Association of Manufactured  
& Mobile Home Park Owners Inc