PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 JUL 12 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200002946692--5
-07/30/99--01116--024
***1358.75 ***1358.75

DOCUMENT # P 94000049763

1. Corporation Name

K & J Mobile Home Supply and Distributors, Inc.

Principal Place of Business	Mailing Address
1820 South Combee Rd. Lakeland, FL 33801	1820 South Combee Rd. Lakeland, FL 33801

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/29/94

5. FEI Number: 59-3192445 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	James A. Downing	6817 Doehring Dr.	Lakeland, FL 33810
S/T/D	Kathleen M. Downing	6817 Doehring Dr.	Lakeland, FL 33810

REINSTATEMENT 95-99 LTS

8. Name and Address of Current Registered Agent

James A. Downing
6817 Doehring Dr.
Lakeland, FL 33810

James A. Downing

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

CR2E081 (12/98)