PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 JUN -7 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056573

1. Corporation Name
CENTRAL MOBILE HOME SET-UPS, INC.

2. Principal Office Address
2805 CASE RD.
Suite, Apt. #, etc.
City & State: LA BELLE FL
Zip: 33935 Country: HENDRY CO. USA

3. Mailing Office Address
P.O. BOX 1103
Suite, Apt. #, etc.
City & State: LA BELLE FL
Zip: 33975 Country: HENDRY CO. USA

4. Date Incorporated or Qualified To Do Business in Florida: JULY 27, 1994

5. FEI Number: 65-0521748 — 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: CATHY E. PEERY
Street Address (P.O. Box Number is Not Acceptable): 2805 CASE RD.
Suite, Apt. #, Etc.
City: LA BELLE State: FL Zip Code: 33935

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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: Cathy E. Peery — REGISTERED AGENT MUST SIGN — Date: 6/2/00

CR2E081 (9/99)

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	JAMES P. PEERY	2805 CASE RD	LABELLE FL 33935
V	MARY L. BARHAM	2835 CASE RD	LABELLE FL 33935
S/T	CATHY E. PEERY	2805 CASE RD	LA BELLE FL 33935

REINSTATEMENT 95-00
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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: JAMES P. PEERY — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 6/2/00 — Daytime Phone #: 863-675-7410, 863-675-5000