

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 19 AM 9:04

DOCUMENT # P96000052944

1. Corporation Name

R & B MANUFACTURED HOUSING, INC.

Principal Place of Business

~~2310 LAKELAND HILLS BOULEVARD
LAKELAND FL 33806-2784~~

Mailing Address

2310 LAKELAND HILLS BOULEVARD
LAKELAND FL 33806-2784



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

2. New Principal Office Address, If Applicable

2205 U.S. HWY 27 N.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1905 S. FLORIDA AVE.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/1996

5. FEI Number

59-3408655

Applied For

Not Applicable

City & State
DAVENPORT FL

City & State
LAKE LAND FL

Zip Country
7 POLK

Zip Country
33803 POLK

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D V/P	HARPER, ROBERT	2310 LAKELAND HILLS BOULEVARD	LAKELAND FL 33806
PRES.	R. GUERRY JONES	1905 S. FLORIDA AVE.	LAKELAND, FL 33803
D	JOHN PETTERSON	71 SHADOW LANE	LAKELAND, FL 33813
S/T	CAROLYN HARPER	127 PALMOLA	LAKELAND, FL 33803
			700002353397-2 11/20/97-01094-015 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~HARPER, ROBERT
2310 LAKELAND HILLS BLVD.
LAKELAND FL 33806-2784~~

9. Name and Address of New Registered Agent

Name
R. GUERRY JONES
Street Address (P.O. Box Number is Not Acceptable)
1905 S. FLORIDA AVE.
Suite, Apt. #, Etc.

City
LAKE LAND

State Zip Code
FL 33803

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.

Signature of
Registered Agent

R. Guerry Jones

Date 11/17/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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)(f), 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:

R. Guerry Jones

R. GUERRY JONES

11/17/97 941-682-5151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/97)