PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLETING THIS FORM.	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEI Sandra B. Moi Secretary of S DIVISION OF CORPO	NT OF STATE rtham State	FILED	
DOCUMENT # P96000103768			98 FEB 16 MM 9: 16	
1. Corporation Name CODSTAL MOBILHOME Sales, INC.			SECHARARY OF STATE VALLARYSTAR, FLORIDA	
Principal Place of Business 8970 SEMINOLE BLVd 5EMINOLE, FL 33772-3850 If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida /2/23/1996	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For	
City & State	City & State		6. S8.75 Additional Fee regulared	
Zip Country / / //AS	Zip Countr	у	CERTIFICATE OF STATUS DESIRED (a) 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				
P/D CHARLES BATE		ratem!	ENT 97-98 34 7-18-98 8000024345185	
		T	****\$00.00 ****\$00.00	
3335 WMAKITANA DR		Name	9. Name and Address of New Registered Agent	
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.	Suite, Apt. #, Etc.	
		City	State Zip Code	
10. I, being appointed the registered gent of the above named prporation, am familiar with and accept the obligations of Section 607.0505, F.S.				
Signature of Registered Ageny Date REGISTERED AGENT MUST SIGN				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No 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 filling 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: Date Daytime Phone #				