

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 6:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000007512

1. Corporation Name

J.L.C. Mobile Home Transport, Inc.

2. Principal Office Address

1551 S Suncoast Blvd

Suite, Apt. #, etc.

City & State

Homosassa FL

Zip

34448

Country

Citrus

3. Mailing Office Address

1551 S Suncoast Blvd

Suite, Apt. #, etc.

City & State

Homosassa FL

Zip

34448

Country

Citrus

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

582285035

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

02/09/04 01049 620 300.00

7. Name and Address of Current Registered Agent

Name

Jeff Knappins

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

1551 S Suncoast Blvd

Suite, Apt. #, Etc.

City

Homosassa

State

FL

Zip Code

34448

500034125875

04/27/04-01066-005 \*\*750.00

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

REGISTERED AGENT MUST SIGN

Date

4/23/04

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	Jeff Knappins	1551 S Suncoast Hwy	Homosassa, FL 34448

500034125875  
05/05/04-01067-028 \*\*150.00

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:

Jeff Knappins

4-23-04

352-302-9758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2003T (01/04)