


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION 2005-AR		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 FEB 10 AM 11:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P97000083648</u>					
1. Corporation Name <u>MODERN mobile Homes INC.</u>					
2. Principal Office Address <u>6486 S. US. Hwy 1</u> Suite, Apt. #, etc. _____			3. Mailing Office Address <u>PO Box 360813</u> Suite, Apt. #, etc. _____		
City & State <u>Rockledge, FL.</u>			City & State <u>Melbourne, FL.</u>		
Zip <u>32955</u>		Country <u>BREVARD</u>		Zip <u>32936-0813</u>	
Country <u>BREVARD</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>12-18-03</u>			
5. FEI Number <u>650785774</u>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75. Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>SILAS RAY CREES</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>1170 SARNO RD</u>					
Suite, Apt. #, Etc. _____					
City <u>Melbourne</u>				State <u>FL</u>	
Zip Code <u>32935</u>				100046652601 02/15/05--01049--003 ***150.00	
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 <u>Silas Ray Crees</u>				Date <u>2-3-05</u>	
REGISTERED AGENT MUST SIGN					
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		
<u>PST</u>	<u>SILAS RAY CREES</u>	<u>1170 SARNO RD</u>	<u>Melbourne, FL. 32935</u>		
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: <u>Silas Ray Crees</u> <u>SILAS RAY CREES</u>				Date <u>2-3-05</u>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>321-751-4678</u>	

CR2E081 (01/04)