PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 22 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000031910

1. Corporation Name

CENTRAL MOBILE HOMES OF POLK COUNTY, INC.

Principal Place of Business	Mailing Address
1059 US HWY 92 W AUBURNDALE FL 33823	1059 US HWY 92 W AUBURNDALE FL 33823

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

REINSTATEMENT 99

SP

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 3025 US Hwy 92 E	Suite, Apt. #, etc.: PO Box 1879
City & State: Lakeland, Florida	City & State: LaBelle, Florida
Zip: 33801 Country: USA	Zip: 33975 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 04/06/1998

FEI Number: 59-3526067 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KINNEY, KENNETH E JR	891 N RIVER RD	LABELLE FL 33935
D	LEWIS, SANDRA D	~~415 W 8TH AVE~~ 6930 Foley Creek Dr. West	~~LABELLE FL 33935~~ Lakeland, FL 33801
			700003059587--3
			~~12/03/99--01015--007~~
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

WATKINS, JOHN JAY
150 S MAIN ST
LABELLE FL 33975

9. Name and Address of New Registered Agent

Name: Kenneth E. Kinney, Jr.
Street Address (P.O. Box Number is Not Acceptable): 891 N. River Road
Suite, Apt. #, Etc.:
City: LaBelle State: FL Zip Code: 33935

(888) 040226

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: K E. K REQUIRED — 10/29/99

REGISTERED AGENT MUST SIGN

11. 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: K E K REQUIRED — 10/21/99 (941) 675-1915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0079880 AF