

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 23 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000055196

1. Corporation Name

Pearson's Manufactured
Housing Specialists, Inc.

REINSTATEMENT 0-03

600019854766

05/23/03--01087--016 **1200.00

2. Principal Office Address

1523 Gulf Beach Hwy.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 37628

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32506

Country

Escambia

City & State

Pensacola, FL

Zip

32526

Country

Escambia

4. Date Incorporated or Qualified
To Do Business in Florida

6-19-1998

5. FEI Number

59-3522303

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES CHASE

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

101 E. Government Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32501

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/1/03

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
President	Arnold F. Pearson	1523 Gulf Beach Hwy.	Pensacola Fla.
Vice Pres	Randy Ashcraft	1523 Gulf Beach Hwy.	Pensacola FL 32502
Sec Treas	Fern P. Pearson	1523 Gulf Beach Hwy.	Pensacola FL 32506

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

Date

850 455 8737

Daytime Phone #

CR2E081 (10/02)

5/30