



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000083747		FILED 01 AUG 15 PM 3:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name ALBRIGHT MOBILE HOME SALES, INC.		 <b>REINSTATEMENT 00-01</b>	
Principal Place of Business 13489 S.E. COUNTY RD. 25 OCKAWAHA FL 32179			
Mailing Address P.O. BOX 725 OCKAWAHA FL 32183			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida		09/20/1999	
5. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
59 3598956			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required 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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	ALBRIGHT, JUSTIN A	P.O. BOX 725 N/A	OCKLAWAHA FL 32138
D	ALBRIGHT, DAVID A	P.O. BOX 725 N/A	OCKLAWAHA FL 32138
D	ALBRIGHT, GEORGE J JR	P.O. BOX 725 N/A	OCKLAWAHA FL 32138
			600004586156--8
			-09/12/01--01066-022
			***300.00 ***300.00
8. Name and Address of Current Registered Agent			
ALBRIGHT, JUSTIN A 13489 S.E. COUNTY RD. 25 OCKAWAHA FL 32179			
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
Suite, Apt. #, Etc.			
City		State	Zip Code
		FL	
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		Date 8-7-01	
SIGNATURE REQUIRED 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: SIGNATURE REQUIRED Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Justin Albright 8-7-01 352-875-6370 352-288-5222			

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