

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>S48439</b>		<div>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 OCT 20 PM 12:36</div> <div> <b>REINSTATEMENT 99</b></div>	
1. Corporation Name <b>K &amp; E MOBILE HOME SALES, INC.</b>			
Principal Place of Business 1401 OLD TROY RD LAKE CITY FL 32025 US			
Mailing Address 1401 OLD TROY RD LAKE CITY FL 32025 US			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	
4. Date Incorporated or Qualified To Do Business in Florida <b>04/25/1991</b>		5. FEI Number <b>59-3065953</b>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
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
P	MCCAULEY, MICHAEL L	RT. 2 BOX 239	WELLBORN FL 32094
V	MCCAULEY, MICHAEL L	RT 2 BOX 239	WELLBORN FL
SI	MCCAULEY, GWENDOLYN K	RT. 2 BOX 239	WELLBORN FL 32094
			600003029226--6 -10/29/99--01057--012 ****758.75 ****758.75
<b>10/17/26</b>			
8. Name and Address of Current Registered Agent MCCAULEY, MICHAEL L 1401 OLD TROY RD LAKE CITY FL 32025		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	
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: <i>Michael L McCauley</i> REGISTERED AGENT MUST SIGN		Date <b>10-18-99</b>	
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. <b>904-259-8028</b>			
SIGNATURE: <i>Michael L McCauley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>10-18-99</b> Daytime Phone #	