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12/18/2003 16:59 CORPDIRECT → 2050384 NO.432 P02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM H03000338758

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 18 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 58848

REINSTATEMENT 03 MRS

1. Corporation Name
Mark Jackson Mobile Home Service Inc

2. Principal Office Address	3. Mailing Office Address
1116 SW 116th Way Davie, Fl. 33325	Same
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State Davie, Fl.	City & State
Zip 33325 Country U.S.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida June 7th 1991

5. FEI Number 65-026-2116 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Mark Jackson
Street Address (P.O. Box Number is Not Acceptable): 1116 SW 116th Way
Suite, Apt. #, Etc.:
City: Davie State: FL Zip Code: 33325

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0302, F.S.

Signature of Registered Agent: Mark Jackson Date: 12-18-03
REGISTERED AGENT MUST SIGN

CR2E031 (10/99)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Mark Jackson	1116 SW 116th Way Same as above	Davie, Fl. 33325

10. I certify that I am an officer or director of 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.

954

SIGNATURE: Mark Jackson 12-18-03 992-3619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H03000338758

393

Florida Department of State
Division of Corporations
Public Access System

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(((H03000338758 3)))

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

CORPORATION REINSTATEMENT

MARK JACKSON MOBILE HOME SERVICE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$750.00~~

$150.00
Please adjust account.

Electronic Filing Menu Corporate Filing Public Access Help

H03000338758

To Division of Corporations

I apologize but I did not receive an application for renewal due to an address change.

I would like to be reinstated without the reinstatement fee.

Thank you
Mark Jackson
12-18-03