


APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Morthoft Secretary of State DIVISION OF CORPORATIONS		FILED 97 FEB 14 AM 8:37		FILED 97 FEB 14 AM 8:37	
<b>DOCUMENT # V-14979</b> 1. Corporation Name <i>Wagon Wheel Mobile Home Communities</i>				SECRETARY OF STATE TALLAHASSEE, FLORIDA		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <i>1410 S. Highland Blvd. Kissimmee, FL 34741 (US)</i>		Mailing Address <i>State Chizmas PO Box 1324 Loma Linda, CA 92354</i>		<b>REINSTATEMENT</b> <i>96-97</i>			
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 Address, If Applicable <i>PO Box 1324</i>		4. Date Incorporated or Qualified To Do Business in Florida <i>2/17/92</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Loma Linda, CA 92354</i>		5. FEI Number <i>62-1498750</i>			
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
Zip		Zip		Country <i>USA</i>			
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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip				
<i>P/T/S/ O/C/M</i>	<i>Chizmas, Steven J.</i>	<i>705 Lake Ave, Apt 42 Bristol, CT 06010</i>	<i>200002090562-4 -02/18/97--01056--005 ****915.00 ****915.00</i>				
8. Name and Address of Current Registered Agent <i>Higley, David A. 2600 Lake Lucien Dr Suite 237 Maitland, FL 32751</i>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <i>FL</i> 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>David A. Higley</i> Date <i>Feb 7, '97</i> REGISTERED AGENT MUST SIGN							
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)							
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>Steven J Chizmas</i> <i>STEVEN J Chizmas, President Feb 7 '97</i> (909) 3702018							