

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

02 APR 25 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V28910**

1. Corporation Name

**TUCKER HILL MOBILE  
HOME, INC.**

2. Principal Office Address

**380 N. Jefferson**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 41**

Suite, Apt. #, etc.

City & State

**Monticello, FL**

City & State

**Monticello, FL**

Zip

**32344**

Country

**Jefferson**

Zip

**32345**

Country

**Jefferson**

**REINSTATEMENT 1995-2002**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1992**

5. FEI Number

**59-3129245**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Michael A. Reichman**

**700005396517-7**

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

**380 N. Jefferson**

**-05701702--01009--029**

**\*\*\*1315.00 \*\*\*1315.00**

Suite, Apt. #, Etc.

City

**Monticello**

State

**FL**

Zip Code

**32344**

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

**4/24/02**

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
<b>P/D/S</b>	<b>Guy Ervin</b>	<b>2312 Lakeview Dr.</b>	<b>Valdosta GA 31602</b>

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]*

**Guy Ervin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/24/02 (229) 244-4641**

Daytime Phone

**MICHAEL A. REICHMAN**

Attorney at Law  
380 N. Jefferson St. • P.O. Box 41  
Monticello, Florida 32345  
(850) 997-5100 • Fax (850) 997-3542

April 24, 2002

Division of Corporations  
Secretary of State  
Tallahassee, FL  
Attn: Eula

**Re: Tucker Hill Mobile Home, Inc.  
Document Number V28910**

Dear Eula:

Please find enclosed herewith an application for reinstatement of the above referenced corporation. Please accept this letter as a request to waive the penalties for the following reasons:

1. My father, Ben H. Ervin, is the only surviving officer and director of said corporation. He has been unable to manage his affairs for the past **7** years, and in 199**6**, gave me power of attorney to do so. At that time, he was already forgetful, and I was not even aware of the existence of this corporation.

2. The corporation's registered agent, who I believe is now deceased, never contacted me when he retired and closed his office, which was also the corporation's principal office. He never took any steps to resign as registered agent, and therefore, no notices from your office were ever received by anyone connected to the corporation or my family since approximately 199**5**.

Thank you in advance for your consideration of my request.

Very truly yours,



Guy Ervin

GE/