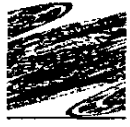


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 822899

1. Corporation Name
Phoenix Mobile Homes, Inc.

2. Principal Office Address
1330 Charlestown Road

3. Mailing Office Address
1330 Charlestown Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Phoenixville, PA

City & State
Phoenixville, PA

Zip
19460

Country
USA

Zip
19460

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 06/06/1969

5. FEI Number
231570943

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-04

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

900030964699
03/24/04--01003--015 **1208.75

Suite, Apt. #, Etc.
250

City
Plantation

State
FL

Zip Code
33324

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

PETER F. SOUZA
ASSISTANT SECRETARY

Date 3/15/04

REGISTERED AGENT MUST SIGN

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
P/D	James K. Overstreet	315 Nataile Road	Phoenixville, PA 19460
S/T	Elizabeth Fifer	1281 Janic Lane Box 157	Burchrunville, PA 19421

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH A. FIFER

Date 3-11-04

610-933-5627
Daytime Phone #

CR2E081 (03/04)