

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **REMOVED**

AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **742601**

1. Corporation Name
A.M.E. HOUSING AGENCY OF FLORIDA, INC.

Principal Place of Business 9050 NORFOLK BLVD. JACKSONVILLE FL 32208	Mailing Address 9050 NORFOLK BLVD. JACKSONVILLE FL 32208
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REINSTATEMENT 98

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 Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 04/28/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1846324	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
PD	CUMMINGS, FRANK C.	112 W. ADAMS ST., #1814	JACKSONVILLE FL 32202
VD	SHEHEE, T.E.	1649 KINGS ROAD	JACKSONVILLE FL
STD	BARNES, GEORGE A.	4991 SOUTEL DRIVE	JACKSONVILLE FL 32208
AD	DUHART, WILLIAM H.	9050 NORFOLK BLVD.	JACKSONVILLE FL 32208

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DUHART, WILLIAM H. 9050 NORFOLK BLVD. JACKSONVILLE FL 32208		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: *William H. Duhart* **SIGNATURE REQUIRED** Date: 11-17-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *William H. Duhart* **SIGNATURE REQUIRED** Date: 11-17-98 Daytime Phone #: 904-768-3447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFICANT OFFICER OR DIRECTOR

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