PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 10 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #763498

REINSTATEMENT 03-04

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08/25/04--01043--001 **297.50

MRD

1. Corporation Name
Florida Association of Local Housing Finance Authorities, Inc.

2. Principal Office Address	3. Mailing Office Address
25 W. Cedar Street	25 W. Cedar Street
Suite, Apt. #, etc.: Suite #530	Suite, Apt. #, etc.: Suite #530
City & State: Pensacola, FL	City & State: Pensacola, FL
Zip: 32502 Country: US	Zip: 32502 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 6/1/82

5. FEI Number: 59-2949126 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Gordon Jernigan

Street Address (P.O. Box Number is Not Acceptable): 25 W. Cedar Street

Suite, Apt. #, Etc.: Suite #530

City: Pensacola | State: FL | Zip Code: 32502

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] Date: Aug 19, 04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PD	Gordon Jernigan	25 W. Cedar Street, Suite #530	Pensacola, FL 32502
VP D	Angela A. Abbott	4420 S. Washington Avenue	Titusville, FL 32780
ST D	Walter Ferguson	11021 Ruden Road	Ft. Myers, FL 33917

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] GORDON R JERNIGAN Aug 19, 04 850 432 7077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #