

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED

00 APR 14 PM 3:52

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F97000006391**

1. Corporation Name

**NATIONAL HOUSING DEVELOPMENT CORPORATION OF VIRGINIA**

Principal Place of Business 208 GOLDEN OAK COURT SUITE 450 VIRGINIA BEACH VA 23452	Mailing Address 208 GOLDEN OAK COURT SUITE 450 VIRGINIA BEACH VA 23452
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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 **12/04/1997** **SP**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **54-1833781**  
 Applied For   
 Not Applicable

City & State

City & State

Zip Country Zip Country

6. CERTIFICATE OF STATUS DESIRED  \$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	4 City / State / Zip
PDS	JOSEPHBERG, ROBERT H	208 GOLDEN OAK COURT SUITE 450	VIRGINIA BEACH VA 23452
<del>AS</del>	<del>DOLBEG, BRADLEY P</del>	<del>208 GOLDEN OAK COURT SUITE 450</del>	<del>VIRGINIA BEACH VA 23452</del>
D	SANDLER, STEVEN B	208 GOLDEN OAK COURT SUITE 450	VIRGINIA BEACH VA 23452
D	SANDLER, ARTHUR B	208 GOLDEN OAK COURT SUITE 450	VIRGINIA BEACH VA 23452
			200003213462--7 04/18/00-0111-018 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**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

**SIGNATURE**  
**CONNIE BRYAN**  
**SPECIAL ASSISTANT SECRETARY**  
 REGISTERED AGENT MUST SIGN

Date **4/14/00**

11. 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/00** **757-463-1970**  
 Date Daytime Phone #

CR2E040 (8/99)