


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
01 NOV 26 PM 4: 35  
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



2001 [Signature]

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 448 VIKING DR Suite, Apt. #, etc. # 245 City & State VA BEACH, VA Zip 23452	3. New Mailing Office Address, If Applicable 448 VIKING DR Suite, Apt. #, etc. # 245 City & State VA, BEACH, VA Zip 23452	4. Date Incorporated or Qualified To Do Business in Florida 12/04/1997	5. FEI Number 54-1833781	Applied For Not Applicable
Country USA	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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	4 City / State / Zip
PDS	JOSEPHBERG, ROBERT H	208 GOLDEN OAK COURT SUITE 450	VIRGINIA BEACH VA 23452
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
			400004718314--6 -12/11/01--01039--007 ****758.75 ****758.75

REINSTATEMENT 2001

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 FL Zip Code
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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] REGISTERED AGENT MUST SIGN Date: 11-26-01

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] REGISTERED AGENT MUST SIGN Date: 11-26-01 Daytime Phone #: 757-463-1170

CFR2ED040 (8/01)