

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000006391**

1. Corporation Name

NATIONAL HOUSING DEVELOPMENT CORPORATION OF VIRGINIA

Principal Place of Business

Mailing Address

448 VIKING DRIVE, #245
 VIRGINIA BEACH VA 23452

448 VIKING DRIVE, #245
 VIRGINIA BEACH VA 23452

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
 02 NOV -6 PM 2:46
 SECRETARY OF STATE
 500008818899
 11/06/02--01031--023 **750.00

REINSTATEMENT *or IS*

4. Date Incorporated or Qualified To Do Business in Florida **12/04/1997**

5. FEI Number **54-1833781**

Applied For	
Not Applicable	

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
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

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

CP2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date **10-25-02**

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]*
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. H. SOSPOLARDO

Date **10-23-02** Daytime Phone # **757-963-1970**