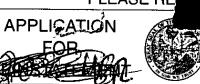
PLEASE RE

L INSTRUCTIONS BEFORE COMPLETING THIS FORM.



LORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

F97000006391

NATIONAL HOUSING DEVELOPMENT CORPORATION OF VIRIG

1. Corporation Name

FILED

02 NOV -6 PM 2: 46

SECRETARY OF STATE

INIA								90	DŌŌSS.	188	99		
Principal P	Iress				11/06/	0201031	023	**75	0.00				
				448 VIKING DRIVE. #245 VIRGINIA BEACH VA 23452									
If above a	iddresses are	incorrect in any way, line t	hrough incorrect i	nformation a	nd enter	correction below	w.	REM:	STATER	NEN	T	02	
New Principal Office Address, If Applicable New I				ailing Office Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida 12/04/1997					
Suite, Apt. #, etc. Suite, A				. #, etc.			1	5. FEI Number			-10-11-10	т	
City & State			City & State			\dashv	54-1833781 Applied P						
Zip C		Country	Zip		Countr	ountry		6. S8.75 Additional For CERTIFICATE OF STATUS DESIRED To a Certificate of Certifi			onal Fee require		
7. Names a	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprof	it corpora	tions must list a	at leas	t 3 directors)				·	
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			Each		City / State / Zip				
PDS	JOSEPHBERG, ROBERT H			208 GOLDEN OAK COURT SUITE			JITE 4	450	VIRGINIA BEACH VA 23452				
D	SANDLER, STEVEN B			208 GOLDEN OAK COURT SUITE			JITE 4	450 VIRGINIA BEACH VA 23452					
D	SANDLER, ARTHUR B			208 GOLDEN OAK COURT SUITE			JITE 4	450 VIRGINIA BEACH VA 23452					
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent							
C T CORPORATION SYSTEM						Name							
1200 SOUTH PINE ISLAND ROAD					Street Address (P.		s (P.C	O, Box Number is Not Acceptable)					
PLANTATION FL 33324						Suite, Apt, #, Etc.							
						City				State Zip Code			
10. I, being	appointed the	registered agent of the ab	ove named corpo	ration, am fa	miliar wit	h and accept the	e oblig	gations of Section	607.0505, F.S. or 6	17.0505	i, F.S.		

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 16-25-02

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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #