PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
04 FEB 17 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04

DOCUMENT # N01000004568

1. Corporation Name
NHDC University Plaza Apartments, Inc.

2. Principal Office Address	3. Mailing Office Address
719 Venue Mars Court	10681 Foothill Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Ste. 220
City & State	City & State
Jacksonville, FL	Rancho Cucamonga, CA
Zip / Country	Zip / Country
32209 / USA	91730 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/28/01

5. FEI Number: 59-3728322 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Mark S. Epple Assistant Vice-Pre and Secreta
REGISTERED AGENT MUST SIGN

Date: 2/17/04

CR2E044 (01/01)

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
Exec Dir/D	Jeffrey S. Burum	10681 Foothill Blvd. Ste. 220	Rancho Cucamonga, CA 91730
Sec/D	Robert G. Pasquaye	10681 Foothill Blvd. Ste. 220	Rancho Cucamonga, CA 91730
Tres/D	Martha A. Supnet	10681 Foothill Blvd. Ste. 220	Rancho Cucamonga, CA 91730

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: Jeffrey S Burum 2/4/04 909-989-1990
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 11/12/02 © T System Online

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Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

NHDC UNIVERSITY PLAZA APARTMENTS, INC.

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