PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN -9 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46812

1. Corporation Name
Florida Community Housing Assistance Corp.

2. Principal Office Address	**3.** Mailing Office Address
1301 SW 73 ave	PO BOX 50970
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation, Fl	City & State: Summerville, SC
Zip: 33317 Country: USA	Zip: 29485 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 1/14/92

5. FEI Number 65-0306853 ☐ 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: Corporation Service Co.
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

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

Signature of Registered Agent: Cynthia R Harris, as Asagent Date: 6/9/03
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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
P/Dir	Dennis Stewart	5101 Ashley Phos. Rd. #104-169	North Charleston, SC 29418
VP/Dir	Lane Cyphers	7930 Edgebrook Circle Ste. I	N. Charleston, SC 29420
Sec/ Dir	Cynthia Rhue	3710 N.W. 21st St. Apt. 314	Lauderdale Lakes, FL 33311

700021758217

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: Dennis Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/02 Date
843-324-[illegible]85 Daytime Phone #

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 123259 9017A

AUTHORIZATION :

COST LIMIT : $ 551.25

ORDER DATE : June 9, 2003

ORDER TIME : 11:38 AM

ORDER NO. : 123259-005

CUSTOMER NO: 9017A

CUSTOMER: Denise M. Stewart
Denise M. Stewart
Po Box 50970

Sommerville, SC 29485

DOMESTIC FILINGS

NAME: FLORIDA COMMUNITY HOUSING
ASSISTANCE CORP.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS

RECEIVED
03 JUN -9 PM 12:59
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA