

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N94000006207</b> 1. Entity Name <b>ACTS AFFORDABLE HOUSING, INC.</b>	
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FILED

06 NOV -8 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>ACTS AFFORDABLE HOUSING INC</b> <b>4612 N 56 ST</b> <b>TAMPA, FL 33610 US</b>	Mailing Address <b>ACTS AFFORDABLE HOUSING INC</b> <b>4612 N 56TH ST</b> <b>TAMPA, FL 33610 US</b>
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2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>65-0550718</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State	City & State	10132006 REIN-NP CR2E099 (11/05)	
Zip	Country	Zip	Country

**6. Name and Address of Current Registered Agent**

**MARROCCO, JOHN P**  
**4612 N 56TH ST**  
**TAMPA, FL 33610**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 10/25/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!! FEE IS \$61.25</b> <b>After January 1, 2007, Fee will be \$122.50</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		Delete
TITLE	PD	<input type="checkbox"/>
NAME	MARROCCO, JOHN P	
STREET ADDRESS	4612 N 56TH ST	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	TD	<input type="checkbox"/>
NAME	SALZER, KENNETH	
STREET ADDRESS	4612 N 56TH ST	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	VD	<input type="checkbox"/>
NAME	BROWN, RICHARD	
STREET ADDRESS	4612 N 56TH ST	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	SD	<input type="checkbox"/>
NAME	REYNOLDS, JULIE	
STREET ADDRESS	4612 N 56TH ST	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		Change	Addition
TITLE	600091621456	<input type="checkbox"/>	<input type="checkbox"/>
NAME	11/08/06--01020--005 **\$61.25		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE 10/25/06 DAYTIME PHONE # 813.246-4899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #