PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION FILED Sandra B. Mortham FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 DEC 31 PM 1: 11 DOCUMENT # P97000005572 SECKE WAR FOF STATE TALLAHASSEE, FLORIDA 1. Corporation Name SRS Affordable Housing Group III, Inc. Principal Place of Business Mailing Address 499 Boynton Bay Circle Boynton-Beach, FL -33435 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, if Applicable Date Incorporated or Qualified
 To Do Business in Florida 2. New Principal Office Address, If Applicable 01/17/97 615 Crescent Executive Cour 615 Crescent Executive Court Suite, Apt. #, etc. Suite 120 5. FEl Number Applied For Suite 120 City & State 59-3421875 Not Applicable Lake Mary, Lake Mary, FL S8.75 Additional Fee requir Zip 32746 Country USA Country USA CERTIFICATE OF STATUS DESIRED. 32746 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director I Use Post Office Box Numbers) City / State / Zip Title(s) P/VP Todd L. Borck Lake Mary, FL 32746 615 Crescent Executive Court Suite 120 S/T/D Cape Canaveral, 405 F Atlantis Road Christopher J. Straka - jj BLASTATEMEN 300 01/05/39-01025 ****750.00 *** *****750 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Curtis D. Hamlin N. Dwayne Gray, Jr., Esq. Street Address (P.O. Box Number is Not Acceptable)
135 West Central Blvd 1205 Manatee Avenue West Bradenton, FL 34205 Suite, Apt. #, Etc. Suite 1100 Orlando 32801 10. I, being appointed the registered agent of the above pamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes 🔯 Intangible Personal Property tax due June 30. No L 12. 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 filling 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. 407-333-3233 SIGNATURE: (SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OF B OR DIRECTOR Todd L. Borck, President

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