


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N970000004124

1. Corporation Name
Inverrary Housing Corporation
2979 N.W. 56 Ave.
Lauderhill, Fla. 33313

2. Principal Office Address <u>2979 NW 56 Ave</u>		3. Mailing Office Address <u>same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Lauderhill, FL</u>		City & State	
Zip <u>33313</u>	Country <u>USA</u>	Zip	Country

REINSTATEMENT 98-02

4. Date Incorporated or Qualified To Do Business in Florida 7/21/97

5. FEI Number 65-0792064

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Fernando Gandon 000005182070

Street Address (P.O. Box Number is Not Acceptable) 2979 N.W. 56 Ave -04/02/02--01021-004

Suite, Apt. #, Etc. 481.25

City Lauderhill, State FL Zip Code 33313

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 [Signature] Date 3/21/02

REGISTERED AGENT MUST SIGN

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/D	Fernando Gandon	2979 N.W. 56 Ave Lauderhill, FL	Lauderhill, FL 33313
VP/D	Jack McCarthy	2979 NW 56 Ave	Lauderhill, FL 33313
S/D	Gary Krall	2979 NW 56 Ave	Lauderhill, FL 33313

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: FERNANDO GANDON, PRES + Director [Signature] Date 3/21/02 Daytime Phone # 954-240-2899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)