PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
02 NOV 18 PM 6:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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11/18/02--01052--020 **175.00

DOCUMENT # N99000002466

1. Corporation Name

DEERFIELD BEACH AFFORDABLE HOUSING CORPORATION

Principal Place of Business	Mailing Address
533 S DIXIE HWY DEERFIELD BEACH FL	533 S DIXIE HWY DEERFIELD BEACH FL

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

5/28/02 91609022 6125

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/19/1999

5. FEI Number: 31-1722913 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
~~D~~	~~GONOT, STEPHEN~~ DELETE	~~3944 NW 2D CT~~ DELETE	~~DEERFIELD BEACH FL 33442~~
DC	EMERY, KEITH	10 FAIRWAY DR #301	DEERFIELD BEACH FL 33441
D	FINKELSTEIN, JAY	425 NW 1ST TERR #422	DEERFIELD BEACH FL 33441
D	WILKIE, POLLY	11131 TAFT ST	PEMBROKE PINES FL 33026
VC	GALLO, WILLIAM	1311 NEWPORT CTR, DRIVE W	DEERFIELD BEACH FL 33442
		REINSTATEMENT 02	

8. Name and Address of Current Registered Agent

DAVIS, PAMELA
533 S DIXIE HWY
DEERFIELD BEACH FL

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 11-14-02

REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED 11-14-02 954-425-8449

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