PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Glenda E. Hood**
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 10 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 408927

1. Corporation Name

COMMUNITY HOUSING CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 331 TONEY PENA DR<br>PO BOX 9168<br>JUPITER FL 33468 | 331 TONEY PENA DR<br>PO BOX 9168<br>JUPITER FL 33468 |

REINSTATEMENT

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

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| 638 US HIGHWAY ONE | PO BOX 59 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: TEQUESTA, FL | City & State: ~~TEQUESTA, FL~~ Jupiter |
| Zip: 33469 Country: PALM BEACH | Zip: 33468 Country: PALM BEACH |

4. Date Incorporated or Qualified To Do Business in Florida: 09/18/1972

5. FEI Number: 59-1413682 ☐ 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 |
|---|---|---|---|
| PD | OSWALD, JON | ~~331 TONEY PENA DR.~~<br>638 US HIGHWAY ONE | ~~JUPITER FL~~<br>TEQUESTA, FL 33469 |
| | | | |
| | | | |
| | | 100024571731<br>11/10/03--01098--012 **150.00 | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

OSWALD, JON
331 TONEY PENNA DR
PO BOX 9168
JUPITER FL 33468

9. Name and Address of New Registered Agent

Name: OSWALD, JON
Street Address (P.O. Box Number is Not Acceptable): 638 US HIGHWAY ONE
Suite, Apt. #, Etc.:
City: TEQUESTA, State: FL Zip Code: 33469

CR2E040 (7/03)

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 [signature] Date: 11/8/03
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 [signature] JON L. OSWALD 11/3/03 561-747-1398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

**COMMUNITY HOUSING CORPORATION**
**PO BOX 59**
**TEQUESTA, FL 33468**

October 31, 2003

Florida Dept of State
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir/Madam:

Enclosed is a check in the amount of $150.00 for reinstatement. I did not receive the two prior Uniform Business Reports. This occurred most probably because I closed the operations of the Corporation at the end of last year due to health, and mail was not properly forwarded to the new address. I respectfully request you accept the above and waive the reinstatement fee.

Sincerely,

Jon W. Oswald, President