

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 PENNA DR
PO BOX 9168
JUPITER FL 33468

331 TONEY PENNA DR
PO BOX 9168
JUPITER FL 33468

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

2. New Principal Office Address, If Applicable
638 US HIGHWAY ONE

3. New Mailing Office Address, If Applicable
PO BOX 59

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1972

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1413682

Applied For

Not Applicable

City & State
TEQUESTA, FL

City & State
TEQUESTA, FL Jupiter

Zip
33469

Country
PALM BEACH

Zip
33468

Country
PALM BEACH

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	OSWALD, JON	331 TONEY PENNA DR- 638 US HIGHWAY ONE	JUPITER FL TEQUESTA, FL 33469

100024571731
11/10/03--01098--012 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

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]
REGISTERED AGENT MUST SIGN

Date

11/8/03

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] JON L. OSWALD
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/8/03

561-747-1398

Daytime Phone #

CR2E040 (7/03)

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

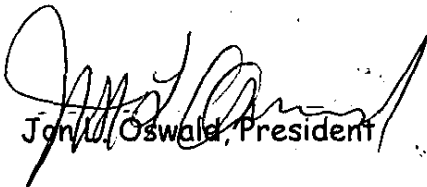
October 31, 2003

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