

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 MAR 25 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745157

1. Corporation Name

New Smyrna Beach Federally
Assisted Housing, INC.

W-7-1223

Principal Place of Business

Mailing Address

1708 S.R. 44 NEW SMYRNA BEACH Florida
32168

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

2. New Principal Office Address, If Applicable

SAME AS ABOVE

3. New Mailing Office Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-25-79 3/25/97

5. FEI Number

59 600 2633

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 non-profit corporations must list all directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES.	JAMES R. DAVENPORT	106 GRANDVIEW DRIVE	NEW SMYRNA BEACH FL 32168
V. PRES.	MARYALICE MYERS	705 HORTON STREET	NEW SMYRNA BEACH FL 32169
SECRETARY	WILLIAM D. ROGERS	1102 HORTON STREET	NEW SMYRNA BEACH FL 32168
TREASURER			
D	JAMES R. DAVENPORT	106 GRANDVIEW DRIVE	NEW SMYRNA BEACH, FL 32168
D	MARY ALICE MYERS	705 HORTON STREET	NEW SMYRNA BEACH, FL 32169
D	WILLIAM D. ROGERS	1102 HORTON STREET	NEW SMYRNA BEACH, FL 32169

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

JAMES R. DAVENPORT

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

1708 S.R. 44 88802126360--3

Suite, Apt. #, Etc.

-03/27/97--01107--004

City

NEW SMYRNA BEACH FL 32168

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.

Signature of
Registered Agent

James R. Davenport

REGISTERED AGENT MUST SIGN

Date 2-18-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

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 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:

James R. Davenport

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97

Date

9044275237

Daytime Phone #

CR2E040 (12/96)