

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 AUG -5 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #**

767487

**1. Corporation Name**

HOUSING ENTERPRISES OF FORT LAUDERDALE, FLORIDA, INC.

**2. Principal Office Address**

c/o Doris Paschall

**3. Mailing Office Address**

c/o Doris Paschall

Suite, Apt. #, etc.

901 NW 10 Avenue

Suite, Apt. #, etc.

437 SW 4 Avenue

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33311

Country

Broward

Zip

33315

Country

Broward

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/15/1983

**5. FEI Number**

59-2303299

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Doris Paschall

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

437 Southwest 4 Avenue

4000006952764-2  
-08/07/02--01058-010

Suite, Apt. #, Etc.

\*\*\*358.75 \*\*\*358.75

City

Fort Lauderdale, FL

State  
FL

Zip Code  
33315

**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

*D. Paschall*

REGISTERED AGENT MUST SIGN

Date 8-1-02

**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
D	Barbara Williams	1701 Northwest 2nd Street	Fort Lauderdale, FL 33311
D	Liz Jackson	3280 Spanish Moss Terr, #107	Lauderhill, FL 33319
D	Ruby Felder	3831 NW 4 Place	Fort Lauderdale, FL 33311
D	Doris Paschall	437 SW 4 Avenue	Fort Lauderdale, FL 33315
O	Philip O. Goombs	437 SW 4 Avenue	Fort Lauderdale, FL 33315

**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:**

*Philip O. Goombs*

Philip O. Goombs

954 525-6444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

gt 8/6/02