


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

| | | |
|---|--|---|
| DOCUMENT # F00000000930 | |  |
| 1. Entity Name UNITED AFFORDABLE HOUSING, INC. | | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 13 AM 9:52

REINSTATEMENT 05



| | |
|---|---|
| Principal Place of Business 202 FOREST AVE MARIETTA, GA 30060 | Mailing Address 202 FOREST AVE MARIETTA, GA 30060 |
|---|---|

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

12092005 REIN-NP CR2E099 (6/04)

| | |
|-----------------------------|--|
| 4. FEI Number 58-2403438 | Applied For <input type="checkbox"/> Not Applicable |
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|--|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|--------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| JACKSON, CARROL W 155 REDINGTON DRIVE REDINGTON BEACH, FL 33708 | |

| | |
|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Carrol W. Jackson, President 12/9/05

FILE NOW!!! FEE IS \$61.25
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECR WICK, CAROL 616 SPRING RIDGE DR KENNESAW, GA 30144 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DumRe, Lorri 44 Mustang Lane Carrollton, Ga 30117 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP JACKSON, RICHARD L 4854 POND CHASE KENNESAW, GA 30152 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Hall, Mark 3704 Boulevard Hills Rd, SE Atlanta, Ga 30339 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP NASH, CLARENCE E 202 FOREST AVE MARIETTA, GA 30060 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Cadena, Armando 852 Toliver St. Marietta, Ga 30060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRE JACKSON, CARROL W 202 FOREST AVENUE MARIETTA, GA 30060 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 700062113077 12/13/05--01025--001 **70.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol Wick Carol Wick, Secretary

Date

Daytime Phone #

12/9/05 770-7131621