PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
05 APR 15 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000004067

1. Corporation Name
ACORN Housing Corporation, Inc.

2. Principal Office Address	3. Mailing Office Address
1024 Elysian Fields Avenue	1024 Elysian Fields Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Orleans, LA	City & State: New Orleans
Zip: 70117 Country: USA	Zip: 70117 Country: USA

REINSTATEMENT 02-05

4. Date Incorporated or Qualified To Do Business In Florida: 7/20/2000

5. FEI Number: 721048321 ☐ 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: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

500052076965
04/26/05--01017--015 **490.00

Suite, Apt. #, Etc.: Suite 4

City: Weston | State: FL | Zip Code: 33331

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: Anthony J. Alexander
REGISTERED AGENT MUST SIGN
Asst. Secretary

Date: March 23, 2005

CR2E061 (01/06)

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
P/D	Alton Bennet	757 Raymond Avenue	St. Paul, MN 55114
V/D	Dorothy Amadi	784 Belmont Avenue	Brooklyn, NY 11208
S/T/D	Wanda Estes	2048 W. 67th Place	Chicago, IL 60636
Asst. T	Barbara Faherty	1024 Elysian Fields Avenue	New Orleans, LA 70117

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: Barbara Faherty — 3/23/05 — 504-943-5954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #