

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE  Katherine Harris Secretary of State DIVISION OF CORPORATIONS																													
<p><b>DOCUMENT #</b> <u>F93000001087</u></p> <p>1. Corporation Name <u>NDC Center for Affordable Solutions in Housing of Tampa, Inc.</u></p>																															
<p>Principal Place of Business <u>National Business Avenue 4520 East West Highway</u> <u>Suite 300</u> <u>Bethesda, MD 20814</u></p>		<p>Mailing Address <u>NDC Center for Affordable Solutions in Housing of Tampa, Inc.</u> <u>1000 DDDDD05833</u></p>																													
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																															
<p>2. New Principal Office Address, If Applicable <u>7272 Wisconsin Ave</u> Suite, Apt. #, etc. <u>300</u> City &amp; State <u>Bethesda, MD</u> Zip <u>20814</u> Country <u>Montgomery</u></p>		<p>3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City &amp; State Zip Country</p>																													
		<p>4. Date Incorporated or Qualified To Do Business in Florida <u>2/26/93</u></p> <p>5. FEI Number <u>52-1142988</u></p> <p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b></p>																													
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>1. Chairman</td> <td><u>John A. Carlisi</u></td> <td><u>7272 Wisconsin Avenue</u> <u>Suite 300</u> <u>Bethesda, MD 20814</u></td> <td><u>Bethesda, MD 20814</u></td> </tr> <tr> <td>2. Corp Secy</td> <td><u>David Cole</u></td> <td><u>same as above</u></td> <td><u>same as above</u></td> </tr> <tr> <td>3. D</td> <td><u>Boris Lang</u></td> <td><u>same as above</u></td> <td><u>same as above</u></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				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. Chairman	<u>John A. Carlisi</u>	<u>7272 Wisconsin Avenue</u> <u>Suite 300</u> <u>Bethesda, MD 20814</u>	<u>Bethesda, MD 20814</u>	2. Corp Secy	<u>David Cole</u>	<u>same as above</u>	<u>same as above</u>	3. D	<u>Boris Lang</u>	<u>same as above</u>	<u>same as above</u>												
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. Chairman	<u>John A. Carlisi</u>	<u>7272 Wisconsin Avenue</u> <u>Suite 300</u> <u>Bethesda, MD 20814</u>	<u>Bethesda, MD 20814</u>																												
2. Corp Secy	<u>David Cole</u>	<u>same as above</u>	<u>same as above</u>																												
3. D	<u>Boris Lang</u>	<u>same as above</u>	<u>same as above</u>																												
<p>8. Name and Address of Current Registered Agent</p> <p><u>CT Corporation Systems</u> <u>1200 South Pine Island Road</u> <u>Plantation, FL 33324</u> <u>— EXPIRED —</u></p>		<p>9. Name and Address of New Registered Agent <u>Renewal</u></p> <p>Name <u>C.T. Corporation System</u> Street Address (P.O. Box Number is Not Acceptable) <u>1200 South Pine Island Road</u> Suite, Apt. #, Etc. City <u>Plantation</u> State <u>FL</u> Zip Code <u>33324</u></p>																													
<p>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.</p> <p>Signature of Registered Agent <u>Connie Bryan, Connie Bryan, Spec. Asst. Secy.</u> Date <u>3/10/99</u> REGISTERED AGENT MUST SIGN</p>																															
<p>11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax)</p>																															
<p>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)(b), 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.</p>																															
<p>SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		<p><u>3/9/99</u> <u>(773) 755-3301</u> Date Daytime Phone</p>																													