

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **FQ3000002024**

1. Corporation Name
**NDC Center for Affordable Solutions in Housing
of Orlando, Inc**

Principal Place of Business Mailing Address
~~4620 East West Highway~~
~~Suite 200~~
~~Bethesda, MD 20814~~

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

2. New Principal Office Address, If Applicable
7272 Wisconsin Ave
Suite, Apt. #, etc.
Suite 300
City & State
Bethesda, MD
Zip **20814** Country **Montgomery**

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT **05/99**

4. Date Incorporated or Qualified To Do Business in Florida **4/29/93**
5. FEI Number **52-1142988** 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 nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/C/T CEO	John A. Carlisi	7272 Wisconsin Ave Suite 300	Bethesda, MD 20814
D/S	David Cole	as above	as above
D/V	Boris Lang	as above	as above

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03/16/99--01007--011
******498.75 ****490.00**

8. Name and Address of Current Registered Agent

C.T. Corporation System
1200 South Pine Island Road
Plantation, FL 33324
- EXPIRED -

9. Name and Address of New Registered Agent **Renewal**

Name **CT Corporation System**
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.
#
City **Plantation** State **FL** Zip Code **33324**

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 **Connie Bruyn** **Spa Asst. Secy.**
REGISTERED AGENT MUST SIGN

Date **05/11/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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)(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.

SIGNATURE: **A. Carlisi**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99 **(330) 757-3301**
Date System Fee

CE25081 (12/98)