

F95000005981

TRANSMITTAL LETTER

TO: Qualification/Registration Section
Division of Corporations

600001658576
-12/07/95--01097--008
*****70.00 *****70.00

SUBJECT: Salem Holding Corporation
(Name of Corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Travers W. Paine III
(Name of Person)
Paine, McElreath & Hyder, P.C.
(Firm/Company)
301 Wheeler Executive Center
(Address)
Augusta, Georgia 30909
(City, State and zip Code)

8/12/8
95 DEC - 7 AM 9:09
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Travers W. Paine III at (706) 738 - 9710
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Florida Department of State
Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

LAW OFFICES

Paine, McElreath & Hyder

A PROFESSIONAL CORPORATION

TRAVERS W. PAINE III

301 WHEELER EXECUTIVE CENTER
1840 WHEELER ROAD
ATLANTA, GEORGIA 30301
TELEPHONE (FON) 738-0710
TELECOPIER (FON) 738-0781

December 6, 1995

Florida Department of State
Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, Florida 32399

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC -7 AM 9:10

Re: Salem Housing Corporation

Dear Sir or Madam:

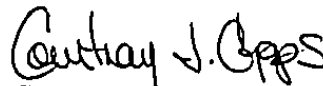
In reference to the above-stated corporation, enclosed please find the following for filing in your office:

1. Application by Foreign Corporation for Authorization to Transact Business in Florida;
2. North Carolina Certificate of Existence; and
3. Check in the amount of \$70.00.

Upon registration, please issue a letter of acknowledgement and forward the same to me at the above address. Thank you for your assistance in this matter.

Kindest regards.

Sincerely,



Courtney J. Capps
Paralegal for
Travers W. Paine III

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Salem Housing Corporation
(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words
or abbreviations of like import in language as will clearly indicate that it is a
corporation instead of a natural person or partnership if not so contained in the name
at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit
corporation.)
2. North Carolina 3. 58-1849762
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/21/89 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or
"perpetual")
6. December 1, 1995
(Date corporation first conducted Affairs in Florida -
See sections 617.1501, 617.1502, and 617.155, F.S.)
7. P.O.Box Drawer 2269
Fairhope, Alabama 36533
(Current mailing address)
8. Operation of Nursing Home

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC -7 AM 9:09

(Purpose(s) of corporation authorized in home state or country to be carried out
in the state of Florida)

9. Name and street address of Florida registered agent:

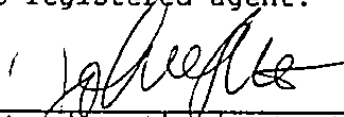
CT Corporation
(Name)

1200 South Pine Island Road
(Office address)

Plantation, Florida, 33324
(City) (zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process
for the above stated corporation at the place designated in this
application, I hereby accept the appointment as registered agent and
agree to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent.


(Registered agent's signature)
John J. Masters, Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or Directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Harry McD Clark

Address: 177 Baldwin Square, Suite 200

Fairhope, Alabama 36532

Vice Chairman: Gary L. Wolfe

Address: 151 South Bayview

Fairhope, Alabama 36532

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Harry McD. Clark

Address: 177 Baldwin Square, Suite 200

Fairhope, Alabama 36532

Vice President: Gary L. Wolfe

Address: 151 South Bayview

Fairhope, Alabama 36532

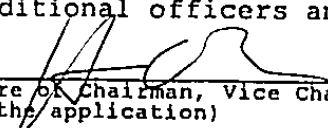
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Harry McD. Clark-President
(Typed or printed name and capacity of person signing application)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC -7 AM 9:09

STATE OF
NORTH
CAROLINA



Department of The
Secretary of State

CERTIFICATE OF EXISTENCE
(NONPROFIT)

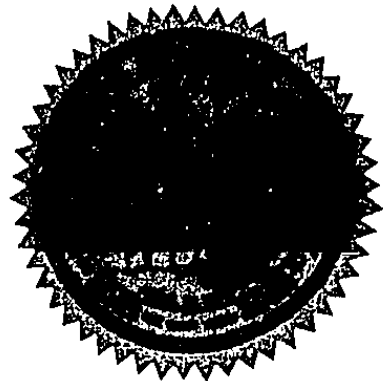
I, RUFUS L. EDMISTEN, *Secretary of State of the State of North Carolina*, do hereby certify that

SALEM HOUSING CORPORATION

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 21st day of March, 1989, with its period of duration being perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 29th day of November, 1995.



Rufus L. Edmisten

Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC - 7 AM 9:10

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 1996

FILED

96 OCT -4 PM 5:43 35430

DOCUMENT # F95000005981

1 Corporation Name
SALEM HOUSING CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
PO BOX DRAWER 2269 FAIRHOPE AL 36533
PO BOX DRAWER 2269 FAIRHOPE AL 36533

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

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

4. Date Incorporated or Qualified To Do Business in Florida	12/07/1995
5. FEI Number	58-1849762
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	

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/P	MCD CLARK, HARRY	106 Plantation Pt.	FAIRHOPE AL 36532
D/V	WOLFE, GARY L	151 SOUTH BAYVIEW	FAIRHOPE AL 36532
D/S/T	Nelson, Wallace D.	106 Plantation Pt.	Fairhope, AL 36632

800001976828--4
-10/16/96--01051--006
****383.75 ****383.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State	Zip Code
		FL	

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: *[Signature]* **PETER F. SOUZA**
ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date: 10/1/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(ii), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Wallace D. Nelson

Date: 9-27/96
Daytime Phone #: 334-998-9914