

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -8 PM 5:27

DOCUMENT # F96000006824

1. Corporation Name

NATIONAL CORPORATE TAX CREDIT, INC. IV

REINSTATEMENT 99-01

2. Principal Office Address

9090 WILSHIRE BLVD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

City & State

BEVERLY HILLS, CA

City & State

Zip

90211

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-7-95

5. FEI Number

95-4359044

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

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

660 EAST JEFFERSON STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/1/01

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	BRUCE E. NELSON	9090 WILSHIRE BLVD, #201	BEVERLY HILLS, CA 90211
S/SVP	JEFFREY H. SUSSMAN	9090 WILSHIRE BLVD, #201	BEVERLY HILLS, CA 90211
T/VP	BRIAN H. SHUMAN	9090 WILSHIRE BLVD, #201	BEVERLY HILLS, CA 90211
C/D	CHARLES H. BOXENBAUM	9090 WILSHIRE BLVD., #201	BEVERLY HILLS, CA 90211
D	ALAN I. CASDEN	9090 WILSHIRE BLVD, #201	BEVERLY HILLS, CA 90211
			12/10/05

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:

[Signature]

BRIAN H. SHUMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1-01

Date

310-278-2191

Daytime Phone #

CR2E081 (9/00)