

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 AUG 22 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000002194

1. Corporation Name

NUROCK HOUSING FOUNDATION, INC.

Principal Place of Business

Mailing Address

5920 ROSEWELL RD. STE B107-184  
ATLANTA GA 30328

5920 ROSEWELL RD. STE B107-184  
ATLANTA GA 30328

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

04/28/1999

5. FEI Number

58-2187762

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	HOSKINS, ROBERT G	5920 ROSEWELL RD, STE B107-184	ATLANTA GA 30328
VPSD	HOSKINS, SANDY	5920 ROSEWELL RD, STE B107-184	ATLANTA GA 30328
D	CORLEY, ANNE	5920 ROSEWELL RD, STE B107-184	ATLANTA GA 30328
D	HOSKINS, ROBERT G	5920 ROSEWELL RD, STE B107-184	ATLANTA GA 30328
D	RADKE, MARTY	5920 ROSEWELL RD, STE B107-184	ATLANTA GA 30328

8. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 N. ORANGE AVENUE  
1100  
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

Richard Hoskins

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

4243 Northlake Blvd, Suite D

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Richard Hoskins* **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

8/21/03

11. 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:

*Richard Hoskins* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/21/03 (215) 572-7670

CP25040 (8/02)