PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

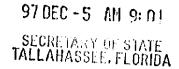
THE NATIONAL ASSOCIATION OF HOME OWNERS, INC.

Principal Place of Business

% ALAN J. WERKSMAN

Mailing Address

% ALAN J. WERKSMAN





DEERFIELD BEACH FL 33442-0102 DI			US	DEERFIELD BEACH FL 33442-0102 US			REINSTATEMENT O			
				alling Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business In Florida 07/01/1983			
Sulte, Apt. #, etc. Suite, Ap City & State City & State				Apt. #, etc. State		5. FEI Numb	6570133769		Applied For	
						\- 			Not Applicable	
Zip Country		Country	Zip		Country 6.		CERTIFICATE OF STATUS DESIRED (or a Certificate		lional Fee required lificate of Status	
7. Names	and Street Ad	dresses of Each Officer and	/or Director (Flo	rida nonprofi	t corporations must list a	it least 3 directors)				
T i lie(s)	2			4	Street Address of I Officer and/or Dire NOT Use Post Office B	ector lox Numbers)				
PD *	ROSENTHAL, LAWRENCE M.			10275 COLLINS AVE #1109# 1419			BAL HARBOUR FL 33154			
8	BERNSTEIN, JOYCE			10275 COLLINS AVENUE - #1109 # 1419			BAL HARBOUR FL DIOLIO236 -12711797	33) 987		
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	· 	A CONTRACTOR OF THE PARTY OF TH	****** *******************************				2	12/		
	1						`	V		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
WERKS	SMAN, ALAN				Name					
160 S.W. 12TH AVE.					Streel Address (P.O. Box Number Is Not Acceptable)					
DEERFIELD BEACH FL 33442-0102					Suite, Apt. #, Etc.					
					City			State Zip Co	ANA	
		11			,			State Zip Co FL	000	
Signature of Registered		Specificated agent of the ab	OVE NAMED CORPORTS E GISTE RED AG	1	· .	ne obligations of Sec	Date 12/2	197		
		ration owes or h Personal Proper				□ No IX		er side for info intangible tax		

12. Lordify that Lam 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.