

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L020000011820

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 16 PM 3:27

LR 02/26/04

DOCUMENT # L02000011820

1. Limited Liability Company's Name
HOUSING FINANCE ASSOCIATES, L.L.C.

REINSTATEMENT

2003-2004

300028782103
02/16/04--01012--005 **200.00

2. Principal Office Address 1800 Pembroke Drive		3. Mailing Office Address 1800 Pembroke Drive		4. State/Country of Formation Florida	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300		5. Date Organized or Qualified To Do Business in Florida 5-9-2002	
City & State Orlando, FL		City & State Orlando, FL		6. FEI Number 02-0704901	
Zip 32828	Country USA	Zip 32810	Country USA	Applied For Not Applicable	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Stacey Nunnery

Street Address (P.O. Box Number is Not Acceptable): 904 Brightwater Circle

Suite, Apt. #, Etc.:

City: Maitland State: FL Zip Code: 32751

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Stacey Nunnery Date: 2-12-2004

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Stacey Nunnery	904 Brightwater Circle	Maitland, Florida, 32751

2003-2004

REINSTATEMENT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Stacey Nunnery Date: 2-12-2004 Daytime Phone #: 407-667-3663

Typed or printed name of signing Managing Member/Manager: Stacey Nunnery

CR2E041 (1/0/02)