

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

06 MAY 25 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N00000005594*

1. Corporation Name

*AMERICAN HOUSING RESOURCES, INC.*

**REINSTATEMENT**

*04-06 Doc*

2. Principal Office Address

*2950 NW 91 St*

3. Mailing Office Address

*2950 NW 91 St*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*MIAMI, FL*

City & State

*MIAMI, FL*

Zip

*33147*

Country

*DADE*

Zip

*33147*

Country

*DADE*

4. Date Incorporated or Qualified  
To Do Business in Florida

*8/24/00*

5. FEI Number

*65-1115575*

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

*GRICELIA CONNERS*

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

*2950 NW 91 St*

Suite, Apt. #, Etc.

City

*MIAMI*

State

*FL*

Zip Code

*33147*

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

*Guillermo Conners*

Date *5/19/06*

REGISTERED AGENT MUST SIGN

**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
<i>POD</i>	<i>GRICELIA CONNERS</i>	<i>2950 NW 91 St</i>	<i>MIAMI, FL 33147</i>
<i>VIC</i>	<i>GUILLERMO CASTILLO</i>	<i>8 TRANSYLVANIA AVE</i>	<i>KEY LARGO, FL 33037</i>
<i>T</i>	<i>JORGE L. BLANCO</i>	<i>2950 NW 91 St</i>	<i>MIAMI, FL 33147</i>

700075873337  
06/08/06--01015--009 \*\*183.75

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 contained in Chapter 119, 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:

*Guillermo Conners*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/19/06* *305-919-4115*  
Date Daytime Phone #

292

May 19, 2006

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl 32314

Letter Non-Receipt Annual Reports Notices

Ref: American Housing Resources, Inc  
Doc. N00000005594 FEI 65-1115575

We are requesting for this department to waive this corporation  
Reinstatement Fees by non-receipt annual reports from 2004 to 2006.  
We apologize, and It is our intention to reinstate our corporation active  
Status and from now on to keep actualized our yearly reports.  
We are attaching our check for \$183.75 for Corporate Supplemental Fee  
From 2004 to 2006.  
We'll appreciate your understanding and attention,

Thanks,

~~Lazaro Fortes~~   
Registered Agent

Contact person  
Teresa Perez 305-979-4115 Phone  
305-866-5210 Fax