


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 AUG -1 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000000125

1. Corporation Name
Housing Authority of Pompano Beach Affordable Housing Corporation
DOCUMENT # N01000000125

2. Principal Office Address 321 W. Atlantic Blvd.		3. Mailing Office Address P.O. Box 2006	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State Pompano Beach, Florida		City & State Pompano Beach, Florida	
Zip 33060	Country USA	Zip 33061-2006	Country USA

REINSTATEMENT 02-05

4. Date Incorporated or Qualified To Do Business in Florida Jan. 1, 2001

5. FEI Number 65-1110240 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
Ralph W. Adderly

Street Address (P.O. Box Number is Not Acceptable)
321 W. Atlantic Blvd. 300058107493

Suite, Apt. #, Etc.
N/A 08/01/05--01057--022 **\$428.75

City
Pompano Beach

State
FL

Zip Code
33060

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 _____ Date July 21, 2005

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
C/D	Woodrow Poitier	901 NW 4th Ave.	Pompano Beach, Fl. 33060
V/D	Jimmie Glenn	416 NW 9th Ave.	Pompano Beach, Fl. 33060
D	A. L. Stein	2200 Cypress Bend Drive, Unit 105	Pompano Beach, Fl. 33069
D	Adriaan Holt	1071 SE 9th Ave.	Pompano Beach, Fl. 33060
D	Willie R. Heath	1651 NW 6th Ave.	Pompano Beach, Fl. 33060

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)(f), 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: Ralph W. Adderly Executive Director July 21, 2005 954-943-7050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #