

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 MAY -2 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N01000001006

1. Corporation Name

Urban League Housing Foundation, Inc.

2. Principal Office Address

8500 NW 25 Avenue

Suite, Apt. #, etc.

City & State

Miami

FL

Zip

33054

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

February 12, 2001

5. FEI Number

Applied For

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

02-03

**7. Name and Address of Current Registered Agent**

Name

Lynn C. Washington

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

Holland & Knight LLP

Suite, Apt. #, Etc.

701 Brickell Avenue, #3000

City

Miami

State

FL

Zip Code

33131

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

*Lynn C. Washington*

REGISTERED AGENT MUST SIGN

Date

4/24/03

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
D/P	Fair, Talmadge W.	8500 NW 25 Avenue	Miami, FL 33147
D	Price, Cordell	8500 NW 25 Avenue	Miami, FL 33147
D	Payne, Linda	8500 NW 25 Avenue	Miami, FL 33147

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Talmadge W. Fair, President

Date

Daytime Phone #

305-696-4450

21 5/5