FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000003336

1. Corporation Name
COBBLESTONE AFFORDABLE HOUSING, INC.

REINSTATEMENT 02-04

JR

2. Principal Office Address		3. Mailing Office Address	
1610 S. 31st Street #136			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Temple		City & State	
Zip: Texas	Country: USA	Zip: 76504	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3719972 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [x] [redacted]

7. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

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: Connie Bryan / Special Assistant Secretary Date: 1/5/05
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	John Carlisi	P.O. Box 990	Cobb, California 95426-0990
Sec.	David P. Cole	1610 S. 31st Street #136	Temple, Texas, 76504
VP	Paul KaHill	135 State Street	Springfield, Massachusetts 01103-1905

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)(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.

SIGNATURE: [signature] DAVID P COLE 1/5/05 (254)778-7400
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

FL018 - 10/05/04 CT System Online

Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

COBBLESTONE AFFORDABLE HOUSING, INC.

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