

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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04 FEB 17 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO1000004571

1. Corporation Name

NHDC Moncrief Village Apartments, Inc.

REINSTATEMENT 02-04

2. Principal Office Address

1650 Moncrief Village

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32209

Country

USA

3. Mailing Office Address

10681 Foothill Blvd.

Suite, Apt. #, etc.

Suite 220

City & State

Rancho Cucamonga, CA

Zip

91730

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/28/01

5. FEI Number

59-3728330

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

CT Corporation System

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**

[Signature]

Mark S. Eppley
Assistant Vice-President

REGISTERED AGENT MUST SIGN

Date

2/17/04

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
Exec. Dir./D	Jeffrey S. Burum	10681 Foothill Blvd. Suite 220	Rancho Cucamonga, CA 91730
S/D	Martha A. Supnet	10681 Foothill Blvd. Suite 220	Rancho Cucamonga, CA 91730
T/D	O. Angie Nwanodi	10681 Foothill Blvd. Suite 220	Rancho Cucamonga, CA 91730

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)(b), 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] *[Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04

Date

907-291-1700

Daytime Phone

TR

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

NHDC MONCRIEF VILLAGE APARTMENTS, INC.

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