

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO1000004574

1. Corporation Name

NHDC Leland Apartments, Inc.

2. Principal Office Address

401 Leland Avenue

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32254

Country

Duval

3. Mailing Office Address

10681 Foothill Boulevard

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

59-3728335

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

Jeffrey S. Burum, Asst VP & Sec.

REGISTERED AGENT MUST SIGN

Date

12/31/03

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
Exec. Dir.	Jeffrey S. Burum	10681 Foothill Boulevard Suite 220	Rancho Cucamonga, CA 91730
Sec.	Robert G. Pasquaye	10681 Foothill Boulevard Suite 220	Rancho Cucamonga, CA 91730
Tres.	James M. Corzatt	10681 Foothill Boulevard Suite 220	Rancho Cucamonga, CA 91730
D	Jeffrey S. Burum	10681 Foothill Boulevard Suite 220	Rancho Cucamonga, CA 91730
D	Robert G. Pasquaye	10681 Foothill Boulevard Suite 220	Rancho Cucamonga, CA 91730
D	James M. Corzatt	10681 Foothill Boulevard 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)(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:

Jeffrey S. Burum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-22-03

Daytime Phone #

909-291-1400