PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
04 FEB 17 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000004730

1. Corporation Name

NHDC Washington Heights Apartments, Inc.

REINSTATEMENT 02-04

2. Principal Office Address		3. Mailing Office Address	
4229 Moncreif Road		10681 Foothill Boulevard	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 220	
City & State Jacksonville, Florida		City & State Rancho Cucamonga, CA	
Zip 32209	Country USA	Zip 91730	Country USA

4. Date Incorporated or Qualified To Do Business In Florida 6/28/01

5. FEI Number 59-3728321 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 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, hereby accept and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Mark S. Eppley Assistant Vice-President and Secretary
REGISTERED AGENT MUST SIGN

Date: 2/17/04

CR2E051 (9/01)

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	Christopher M. Hilbert	10681 Foothill Boulevard Suite 220	Rancho Cucamonga, CA 91730
Sec/ D	Robert G. Pasquaye	10681 Foothill Boulevard Suite 220	Rancho Cucamonga, CA 91730
Treas/ D	O. Angie Nwanodi	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: [signature] Robert G Pasquaye 2/17/2004
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL810 - 11/12/02 CT System Online

Florida Department of State

Division of Corporations

Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Fax Number : (850)222-9428

CORPORATION REINSTATEMENT

NHDC WASHINGTON HEIGHTS APARTMENTS, INC.

Certificate of Status	1
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