PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

DOCUMENT #



FLORIDA DEPARTMENT OF STATE .Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

N02000009281

1. Corporation Name

SIGNATURE:

FLORIDA AFFORDABLE HOUSING COUNCIL, INC.

ÉILED

03 NOV -6 AH 9: 22

SECRETARY OF STATE TALLAHASSEF FLORIDA

DEINICTATIVIENT AS

Principal Place of Business	Mailing Add	Mailing Address			å E- a s s s s s s s s s s s s s s s s s s	
10202 TUCKER JONES ROAD RIVERVIEW FL 33569		10202 TUCKER JONES ROAD RIVERVIEW FL 33569				
	ct in any way, line through incorrect			11/06/	10024482 70301046031	052 **61.25
New Principal Office Address,	ing Office Address, if Applicable		Date Incorporated or Qualified To Do Business in Florida 11/27/2002			
		Flago Rd. n. E.		5. FEI Number		Applied For
Calhan Ga. C		Calhoun Ga,		65-11	178417	Not Applicable
30701 Count	try Zip 307	/ Country	uis.	•	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificaté of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City /	State / Zip
C,D ALfred d	Artified d. Cowley		10202 Tucker Jones Rd.		Riverview	, Fl. 33569
D Gay 1	Gay Light		9310 Hunt cliff Trace		Atlanta	64.30043
D Emil 1	D Emil Negra		10202 Tucker Jones Rd		River view	5, F1, 33569
8. Name and Address of Current Registered Agent				9. Name and	Address of New Register	ed Agent
COWLEY, ALFRED		Name				
10202 TUCKER JONES R		Street Address (P	pt. #, Etc.			
RIVERVIEW FL 33569		Suite, Apt. #, Etc.				
			City	***************************************		ate Zip Code
10. I, being appointed the registe	ered agent of the above named corp	ooration, am familiar wi	th and accept the ob	oligations of Secti	on 607.0505, F.S. or 617.0	505, F.S.
Signature of Registered Agent	REGISTEREDA	GENT MUST SIGN	1980		Date _ /0 - 3 /	1-03
11. 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Affordable Housing Council, Inc. 500 Floyd road NE Calhoun, Georgia 30701

October 31,2003

Please allow this letter to serve as evidence that neither of the two UBR notices that were sent previously was received either at my residence in Florida or our new office in Calhoun, Georgia.

~ Sincerely,

Alfred H.Cowley