PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY -4 AM 9:11

DOCUMENT # N06000006635

1. Corporation Name
Workforce Affordable Housing, Inc.

600169029536
02/16/10 01039 002 424.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1745 Pinegrove Ave.	1745 Pinegrove Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32205 Country: Duval	Zip: 32205 Country: Duval

4. Date Incorporated or Qualified To Do Business in Florida: June 19, 2006

5. FEI Number: 20-4986953 ☐ 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: Donald A. Radin

Street Address (P.O. Box Number is Not Acceptable): 1745 Pinegrove Ave.

Suite, Apt. #, Etc.:

City: Jacksonville State: FL Zip Code: 32205

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Donald A. Radin Date: 4/15/10
REGISTERED AGENT MUST SIGN

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
Director	Jerry McMillan	5388 Oak Bay Drive	Jacksonville, FL. 32277
Director	Ron Holzendorf	1745 Pinegrove Avenue	Jacksonville, FL. 32205
COB President	Donald A. Radin	1745 Pinegrove Avenue	Jacksonville, FL. 32205
Director	Jeannie Scott	125 W. 22nd Street	Jacksonville, FL. 32206
	REINSTATEMENT		07-10

10. E-mail Address: dradin@clearwire.net
(To be used for future annual report notification)

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 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. I further certify, 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: Donald A. Radin Donald A. Radin 4/15/10 (904) 219-8065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #