

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 12 DEC 31 PM 2:30

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** NO1000008851

1 Corporation Name  
D+C Housing INC

2. Principal Office Address - No P.O. Box # <u>930 Georgia Ave</u> <small>Suite, Apt. #, etc.</small>	3. Mailing Office Address <u>930 Georgia Ave</u> <small>Suite, Apt. #, etc.</small>
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City & State <u>Rockledge FL</u> <small>City</small> <small>State</small>	City & State <u>Rockledge FL</u> <small>City</small> <small>State</small>
Zip <u>32955</u>	Zip <u>32955</u>
Country <u>Brevard</u>	Country <u>Brevard</u>

000243160970  
 12/31/12--01031--003 \*\*245.00  
 CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 9/10/2007

5. FEI NUMBER 208061624  Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED Yes \$8.75 Additional Fee required for a certificate of status

7. Name and Address of Current Registered Agent

Name  
Henry D. Mobley Jr.

Street Address (P.O. Box Number is Not Acceptable)  
930 Georgia Ave.

City  
Rockledge FL State FL Zip Code 32955

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] Date 12/27/12  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.	Henry S. Mobley Jr	930 Georgia Ave	Rockledge FL 32955
VP	Ghateva Mobley	27127 S.W. 128 Ave	Homestead FL 33032
VP	Shakira Jones	13700 S.W. 2685+ Apt #104	Homestead FL 33032

10. E-mail Address: Mr. H. D. Mobley jr @ Hotmail. Com  
(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. (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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE: [Signature] 12/27/12 321-745-943  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER