

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2015 DEC 31 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **112000005071**

1. Corporation Name

MA Affordable Housing, Inc.

2. Principal Office Address - No P.O. Box #

805 N Love St

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Quincy FL

City & State

Zip

Country

32351 Godsden

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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
Fred Anderson Jr.

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

805 N Love St

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

300280676243
01/06/16--01016--008 **297.50

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

Fred Anderson Jr.

REGISTERED AGENT MUST SIGN

Date **12/31/15**

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
PD	Fred Anderson Jr.	805 N Love St	Quincy FL 32351
D	Jessie M Murre	334 Stanley St	Quincy FL 32351
VD	Joseph Murre	3706 Mt Pleasant Rd	Quincy FL 32352
D	Lindsey Anderson	12 Shadow St	Quincy FL 32351
REINSTATEMENT			
2014-2015			

10. E-mail Address:

(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., 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.817.155, F.S.

SIGNATURE:

Fred Anderson Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/15

Daytime Phone #