PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N30051

Corporation Name

HARVEST FLORIDA HOUSING FOUNDATION, INC.

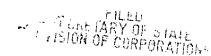
Principal Place of Business

Mailing Address

P.O. BOX 278

SIGNATURE:

P.O. BOX 278



02 JAN 14 PM 2: 17

HOMESTEAD FL 33030			HOMESTEAD FL 33030							
							REINS	TATEME	NF 01-02	-
If above addresses are incorrect in any way, line through incorrect information and enter correction below?							\$16057 AS			
								orated of Qualified	-01/06/1989 =	
Suite, Apt. #, etc. Suite, Apt. i				, etc.			5. FEI Number		Applied	For
City & State			City & State	City & State			65-0149303 Not Applic			
Zip	Zip Country			Zip Country			CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			required Status
7. Names a	and Street Ad	Idresses of Each Officer ar	d/or Director (Flo	rida nonpro	fit corpora	tions must list at lea	st 3 directors)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		.**
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				-01/24/0 0lly	4105 /s@W)44002 0-****122	
D	DELEON, ARTURO			25700 SW 212 AVE			HOMESTEAD FL	I last less it		
D	CHAMBE	1221 NW 19TH STREET			HOMESTEAD FL					
VPD	ZAMARIPPA, MARBELIA				1352 SE 1TH PL			HOMESTEAD FL 33	035	
ρ	ALGER, RICHARD				18001 SW 285TH STREET			HOMESTEAD FL 33	030	
۵	JENSEN, ROBERT				1550 N KROME AVE			HOMESTEAD FL 33	030	
ST	CARRERA, EDMUND				29355 S FEDERAL HWY			HOMESTEAD FL 33	030	
8. Name and Address of Current Registered Age					nt 9. Name an			Address of New Registered Agent		
						Name				V [8
CARRERA, EDMUND					Street Address (P.O. Box Number is Not Acceptable)					2 8
29355 S. FEDERAL HWY					Street Address (P.O.			is Not Acceptable)	KU II.	ZEQ.
HOMESTEAD FL 33030						Suite, Apt. #, Etc.		0000479	94715=	
						City		-01/24/02- ****175	<u>-01044003</u> ∰ ¥¥¥¥775.	00
10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.										
			_							
Signature of Registered .	f Agent	Ele		نند				Date	17/01	
		 -	REGISTERED AG	ENI MUST	SIGN			<u> </u>		
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										

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Daytime Phone #