PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 SEP 30 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N45302**

1. Corporation Name

SOUTH FLORIDA AFFORDABLE HOUSING CORPORATION

Principal Place of Business	Mailing Address
~~P.O. BOX 17916~~	~~P.O. BOX 17216~~
~~WEST PALM BEACH FL 33416~~	~~WEST PALM BEACH FL 33416~~
~~US~~	~~US~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1615 Hollyhock Road	1615 Hollyhock Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington Fl.	City & State: Wellington Fl.
Zip: 33414 Country: USA	Zip: 33414 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 09/25/1991

5. FEI Number: 65-0300011 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
SD DST	HUNTER, STEVEN	7025 182ND ROAD NORTH	JUPITER FL
VP DS	HUDNELL, CHARLES	1203 WESTCHESTER DR EAST	WEST PALM BEACH FL
SD DV	BROWN, SHERRY	5100 45TH STREET #2F	WEST PALM BEACH FL
~~BMD~~	~~ROSEN, MURRAY~~	~~MEADOWLAND CIR~~	~~WEST PALM BEACH FL~~
~~P~~	~~GLUCKMAN, JOSEPH~~	~~1615 HOLLYHOCK RD.~~	~~W PALM BEACH FL~~
~~D~~	~~SWILLEY, HENRY~~	~~3010 EMBASSY DRIVE~~	~~W. PALM BEACH FL~~

8. Name and Address of Current Registered Agent

GLUCKMAN, JOSEPH
1615 HOLLYHOCK RD
W PALM BEACH FL ~~33411~~ 33414

9. Name and Address of New Registered Agent

Name: 400001967754
Street Address (P.O. Box Number is Not Acceptable): 10/08/96--01101--017
*****70.00 *****70.00
Suite, Apt. #, Etc.:
City: State: FL Zip Code: 33414

CR2E040 (7/96)

10. I, 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 Agent: Joseph Gluckman Date: 9/24/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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 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: Charles E. Hudnell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

651-798-5305
Daytime Phone #