

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46812

1. Corporation Name

FLORIDA COMMUNITY HOUSING ASSISTANCE
CORP.

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

1301 SW 73 AVE

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip

33317

Country

US

3. Mailing Office Address

PO BOX 50970

Suite, Apt. #, etc.

City & State

SUMMERVILLE, SC

Zip

29485

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

1/14/1992

5. FEI Number

65-0306853

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

Dennis Stewart

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

1301 SW 73rd Ave

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33317

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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

REGISTERED AGENT MUST SIGN

Date 5/24/10

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
P/D	DENNIS STEWART	5101 Ashley Phos. Rd	N. CHARL., SC 29418
V/P/D	LANE Cyphers	7930 Edgebrook Cir.	N. CHARL., SC 29420
S/D	RHUE, Cynthia	3710 NW 21 ST	LAUDERDALE LAKES, FL 33311

10. E-mail Address: STW999 @ AOL.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. 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:

[Signature]

Dennis Stewart 5/24/10

(843) 437-7575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
10 MAY 28 PM 12:28
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

800181474318
05/28/10--01020--007 **420.00

REINSTATEMENT

CR2E081 (4/10)

07-10