

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 29 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001934

1. Corporation Name

LOW AND MODERATE AFFORDABLE HOUSING, INC.

8428 New Kings Rd
8428 New Kings Rd

2. Principal Office Address
8428 New Kings Rd

3. Mailing Office Address
8428 New Kings Rd

Suite, Apt. #, etc.

SUITE # 7

Suite, Apt. #, etc.

SUITE # 7

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32219

Country

DUVAL

Zip

32219

Country

DUVAL

4. Date Incorporated or Qualified

To Do Business in Florida **APRIL 28, 1993**

5. FEI Number

59-3197840

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

CLARENCE WILLIAMS

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

9357 GILCHRIST CT

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32219

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

Clarence Williams

REGISTERED AGENT MUST SIGN

Date

6/25/04

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
CD	General, Walter	2836 W 4th Street	Jacksonville, FI 32254
TD	Mamari, Armando	10505 RS Bailey DR	Jacksonville, FI 32246
SD	Williams, Clarence	9357 Gilchrist CT	Jacksonville, FI 32219
TD	Edwards, Benjamin DELETE	6279 Pettiford Dr. West	Jacksonville, FI
SD	Beeks, Latanya DELETE	1715 Melson Ave.	Jacksonville, FI
CD	Beeks, Terrence DELETE	1715 Melson Ave.	Jacksonville, FI

10. 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:

Clarence Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/25/04

(904) 704-3666

Daytime Phone #