


None Changed

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000002237			
1. Corporation Name Community Housing Corporation			
2. Principal Office Address 3710 NW 21st Street Suite, Apt. #, etc.		3. Mailing Office Address PO Box 50970 Suite, Apt. #, etc.	
City & State Lauderdale Lakes, FL		City & State Summerville, SC	
Zip 33311	Country USA	Zip 29485	Country USA

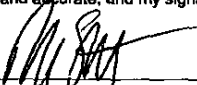
REINSTATEMENT 98-03

4. Date Incorporated or Qualified To Do Business in Florida May 14, 1993	
5. FEI Number 650641379	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Corporation-Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
Suite, Apt. #, Etc.	
City Tallahassee	State FL
Zip Code 32301	

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 Deborah D. Skipper	Date 8/27/03
REGISTERED AGENT MUST SIGN Deborah D. Skipper Asst. V. Pres.	

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. #104-169	North Chas., SC 29418
D	Lane Cyphers	7930 Edgebrook Cir. Ste 1	North Chas., SC 29420
D	Cynthia Rhue	3710 NW 21 Street	Lauderdale Lakes, FL 33311

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: 	Dennis Stewart	08/26/03	843 2078405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2ED81 (10/02)