

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUN 28 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000841

1. Corporation Name

BROWARD AFFORDABLE HOUSING COALITION, INC.

2. Principal Office Address

3601 W. COMMERCIAL BL.

Suite, Apt. #, etc.

SUITE 35

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/18/94

5. FEI Number

65-0494798

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

KENNY M. DAVIS

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

7160 NW 47 PLACE

Suite, Apt. #, Etc.

City

LAUDERHILL

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306.25 *306.25

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

Kenny M. Davis
REGISTERED AGENT MUST SIGN

Date

6/21/01

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
PDM	PATRICA DAVIS	2630 NW 13 STREET	POMPANO BEACH, FL 33069
TD	LEONARD BALDWIN	8230 NW 45 STREET	LAUDERHILL, FL 33351
SD	BRENDA SHELTON	3219 NW 43 PLACE	OAKLAND PARK, FL 33309
VD	THERESA GILLIS	9903 NOB HILL LANE	SUNRISE, FL 33351
D	PHILIP MCNALLY	1489 W. PALMETTO PK RD.	BOCA RATON, FL 33486
D	FREEMAN KING, ESQ.	217 NW 14 STREET	POMPANO BEACH, FL 33060

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06-21-01

Daytime Phone #

954-712-2313

CFR2081 (8/00)