

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 28 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000841

1. Corporation Name

BROWARD AFFORDABLE HOUSING COALITION, INC.

3601 W. COMMERCIAL BLVD
3601 W. COMMERCIAL BLVD

2. Principal Office Address

3601 W. COMMERCIAL BLVD

3. Mailing Office Address

3601 W. COMMERCIAL BLVD

Suite, Apt. #, etc.

SUITE 35

Suite, Apt. #, etc.

SUITE 35

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33309

Country

USA

Zip

33309

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 02-18-1994

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

State

FL

Zip Code

33319

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 JUNE 23, 2004

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	PATRICIA DAVIS	2630 NW 13 STREET	POMPANO BEACH, FL 33069
TD	LEONARD BALDWIN	8230 NW 45 STREET	LAUDERHILL, FL 33351
VD	THERESA GILLIS	9903 NOB HILL LANE	SUNRISE, FL 33351
D	FREEMAN KING ESQ	217 NW 14 STREET	POMPANO BEACH, FL 33060
SD	BRENDA SHELTON	3219 NW 43 PLACE	OAKLAND PARK, FL 33309

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:

Patricia Davis

PATRICIA DAVIS

6/23/04

954-739-9099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)