

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVAL
AND
FILED

98 DEC 22 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005351

1 Corporation Name

COMMUNITY HOUSING ASSISTANCE CORP.

Principal Place of Business

Mailing Address

2979 NW 56th Avenue (Office) P.O. 100099

Lauderhill, FL 33313

FT. LAUDERDALE, FL 33310

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

4 Date Incorporated or Qualified
To Do Business in Florida

Oct. 27, 1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5 FEI Number

Not Applicable

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Directors:			
Dir.	RICHARD M. MCMILLAN	625 Timuquene Drive Merritt Island, FL 32953	400002724794--5 -12/23/98--01047--014 ****236.25 ****236.25
Dir.	ALAN CAJACOB	945 Park Place Deland, FL 32720	
Dir.	STEVE KIPPLE	12390 91st Avenue North Seminole, FL 33772	

8. Name and Address of Current Registered Agent

CRAIG STEWART

9. Name and Address of New Registered Agent

Name CRAIG STEWART

Street Address (P.O. Box Number is Not Acceptable)
300 Columbia Drive, #3301

Suite, Apt. #, Etc.
Treasure Island Club

City Cape Canaveral

State
FL

Zip Code
32920

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

CRAIG STEWART

REGISTERED AGENT MUST SIGN

Date

October 28, 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD S. MCMILLAN

(407) 799-5421

Date

12/2/98

Daytime Phone #