

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC -8 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000372

1. Corporation Name

AFFORDABLE HOUSING CONCEPTS, INC.

NON Profit Housing Corp

Principal Place of Business

Mailing Address

1729 HWY 60 EAST
VALRICO FL 33594
US

1729 HWY 60 EAST
VALRICO FL 33594
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/1996

5. FEI Number

59
89-3355686

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	BEAUCHAINE, DEANNE S	2809 HARDER OAKS AVENUE	VALRICO FL 33594
STD	BEAUCHAINE, MICHAEL E	2809 HARDER OAKS AVENUE	VALRICO FL 33594
D	MILLS, PETER D	2809 HARDER OAKS AVENUE	VALRICO FL 33594

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Michael E. Beauchaine

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

2809 Harder Oaks Ave.

Suite, Apt. #, Etc.

City

Valrico

State

FL

Zip Code

33594

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

[Signature]

REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/07/98

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/98
Date

8134043252
Daytime Phone #

CR2E040 (9/98)