

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N96000000372

1. Corporation Name

AFFORDABLE HOUSING CONCEPTS, INC.

Principal Place of Business

2809 HARDER OAKS AVE
VALRICO FL 33594
US

Mailing Address

P.O. BOX 1053
VALRICO FL 33595-1053
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.

#395

809 E. Bloomingdale Ave

City & State
Brandon, FL

Zip
33511-8113

Country
US

Suite, Apt. #, etc.

809 E. Bloomingdale Ave. #395

City & State

Brandon, FL

Zip

33511-8113

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/1996

5. FEI Number

59-3355686

*

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name(s) 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	4 City / State / Zip
PD	BEAUCHAINE, MICHAEL E	2809 HARDER OAKS AVE	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
D	POWELL, JC C REV	2811 HARDER OAKS AVE	VALRICO FL 33594

8. Name and Address of Current Registered Agent

BEAUCHAINE, MICHAEL E
2809 HARDER OAKS
VALRICO FL 33594

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/6/02

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/6/02

CR2E040 (8/02)

AFFORDABLE HOUSING CONCEPTS, INC.

OFFICE ADDRESS: 809 E. BLOOMINGDALE AVE.,
395, BRANDON, FL. 33511-8113

Phone (813) 624-3197

A 501 C3 NON-PROFIT HOUSING CORPORATION
WWW.AFFORDABLEHOUSINGCONCEPTS.COM
AFFORDAHOUSE@MINDSPRING.COM

NOVEMBER 06, 2002

TO WHO IT MAY CONCERN:

ON A NUMBER OF OCCASSIONS I HAVE CALLED YOUR OFFICE TO GET OUR F.E.I. #
CORRECTED. THE NUMBER LISTED ON OUR RECORDS IN INCORRECT.

THE CORRECT NUMBER IS: 59-3356868

IF YOU CAN NOT CORRECT THIS, PLEASE CALL ME AND TELL ME HOW I HAVE TO CORRECT IT.

SINCERELY;



MICHAEL E. "ED" BEAUCHAINE
PRESIDENT AND PROGRAM DIRECTOR