PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	Secreta	RTMENT OF STATE ary of State corporations	09	FILED JUN 22 PM 3: 21	
DOCUMENT # N9700000482				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Rivièra Beach Housing Authority, TNC.			VC.			
W09		WU9 -	array Address		00156332820 /0901001003 **481,25	
		3. Mailing Office Addition 2014 West 17th			DETAICOREGATIZOS ***481.25	
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #, etc.	#, etc.		NSTATEMENT (S	
of the supplemental and the su					orated or Qualified ness in Florida 01/29/1997	
		City & State Riviera Beach, F			Applied For	
Zip	Country	Zip Country		59-1687746 Not Applicable		
33404	USA	33404	USA .	CERTIFICATE	OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent						
Name Philip Goombs, Executive Director				☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement		
Street Address (P.O. Box Number is Not Acceptable) 2014 West 17th Court						
Suite, Apt. #, Etc.						
City Riviera Beach			State Zip Code FL 33404		fee be waived.	
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 Date 05/18/2009						
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	
СН	Ron Purpura		2014 West 17th Court		Riviera Beach, FL 33404	
ve	Juan K. Atkins		2014 West 17th Court		Riviera Beach, FL 33404	
D	Ruby Speights		2014 West 17th Court		Riviera Beach, FL 33404	
D	J. Jerome Taylor		2014 West 17th Court		Riviera Beach, FL 33404	
D	George Gaines		2014 West 17th Court		Riviera Beach, FL 33404	
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 filling 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 hald and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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 cath.						
SIGNATURE: 05/18/2009 (561) 755-2087 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylims Phone #						

X4/30