

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N98000001473

1. Corporation Name

AFFORDABLE HOUSING OPPORTUNITIES, INC.

Principal Place of Business

Mailing Address

4000-B ST. JOHNS AVE., SUITE 22 JACKSONVILLE FL 32205

4000-B ST. JOHNS AVE., SUITE 22 JACKSONVILLE FL 32205



REINSTATEMENT

2000

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

03/12/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI-Number

59-3517390

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Lists directors: CRAVEY, JERRY R; WEED, JOSEPH D JR.; WALTON, WILLIAM H; WEED, JOSEPH D III; WALTON, ALONZO D; LENTZ, ANN.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CRAVEY, JERRY R 4000-B ST. JOHNS AVE., SUITE 22 JACKSONVILLE FL 32205

Name

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

Suite, Apt. #, Etc.

City

300003480269-5 -11730/00-01005-024 ***236.25 State zip ***236.25 FL

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 11/6/00

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 11/6/00

Daytime Phone # 904-388-2225