## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# CORPORATION REINSTATEMENT



### FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

#### DOCUMENT # N98000003415

1. Corporation Name

## Operation Housing and Community Development

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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300143187833 02/09/09--01055--001 \*\*70,00

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2. Principal Office Address - No P.O. Box # 3. Mailing				Office Address			-			
6611	Meritmoor	P.O. Box	P.O. Box 682185				REINSTATEMENT/08/08/08-10			
Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.			<u> </u>			
		·		<u> </u>				porated or Qualified iness in Florida		
City & State			City & State				5. FEI Number Applied For			Applied For
Orlando, Florida			Orlando, Florida				5931337	593133776 Not Applicable		
<sub>Zip</sub> 32818	1 '			USA		CERTIFICATE OF STATUS DESIRED 58 75 Additional Fee require for a Certificate of Status				
		7. Name and Address	s of Current Regi	stered Age	nt					
Name Edward Hainesworth							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			
Street Address (P.O. Box Number is Not Acceptable) 6611 meritmoor Circle										
Suite, Apt. #, Etc.							received and requesting the reinstatement			
City				State Zip Code			_ fee be ⊋ı	fee be waived. 300143187833		
Orland		FL 32818			03/04	03/04/1001006009 **113.75				
8. I, being	g appointed the	registered agent of the	above named corp	oration, am	famillar	with and accept the	obligations of secti	on 607.0505 or 617.0503, F.	S.	
Signature										
Registered AgentREGISTERED AGENT MUST SIGN							Date			
9. Name	s and Street A	ddresses of Each Officer	and/or Director (Fi	lorida nonpro	ofit corp	orations must list at l	east 3 directors)			
Titles	Name of			Street Address of Each Officer and/or Director			:h	City / State / Zip		
	Officers and/or Directors			Unicer and/or Director			ж			
PD	Edward Hainesworth			6611 Meritmoor Circle				Orlando, Florida. 32818		
V	Tom White			322 N. Fairmont				Pittsburgh, PA. 15219		
SD	Pat Knox			P.O. Box 682185				Orlando, Florida. 32868		
s	Ashley Hainesworth			P.O. Box 682185				Orlando, Florida. 32868		
٧	Mark Beverly			13452 Fordwell Dr.				Orlando, Florida. 32828		
				I				1		

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 paid 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 oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/09

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