

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 OCT 18 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N99000004997

1. Corporation Name

COLUMBIA COUNTY HOUSING AND DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address
~~315 EAST ST. JOHNS STREET~~ ~~315 EAST ST. JOHNS STREET~~
~~LAKE CITY FL 32025~~ ~~LAKE CITY FL 32025~~
441 South Alachua Street 441 South Alachua St.
Lake City, FL 32025 Lake City, FL 32025

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/16/1999	
City & State		City & State		5. FEI Number	
Zip		Zip		59 360 4419	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
PVPD	ERKINGER, MATTHEW A	ROUTE 17, BOX 1135	LAKE CITY FL 32055
ST	ERKINGER, KELLY G	ROUTE 17, BOX 1135	LAKE CITY FL 32055
D	DAPIER, CHRIS	CNC NATIONAL BK., 201 N. MARION First Federal Bank Hwy. 90 West	LAKE CITY FL 32055
D	DUNCAN, DONNA	441 SOUTH ALACHUA STREET	LAKE CITY FL 32055
D	PETERSON, SANDRA H	ROUTE 12, BOX 736	LAKE CITY FL 32055
	Karena Crews	2571 South Marion Street	Lake City, FL 32025

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ERKINGER, MATTHEW A 315 EAST ST. JOHNS STREET LAKE CITY FL 32025		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code 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 *Matthew A. Erkinger* **REGISTERED AGENT MUST SIGN** Date 10-17-00

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: *Matthew A. Erkinger* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date 10-17-00 (904) 754-8440

CR2E040 (800)