

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 26 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000006409

1. Corporation Name

COMMUNITY RECONSTRUCTION HOUSING CORPORATION, INC.

2. Principal Office Address

3600 INVERRARY DRIVE

Suite, Apt. #, etc.

M1X

City & State

LAUDERHILL, FL

Zip

33319

Country

BROWARD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

31-1763246

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

000015179940
04/02/03--01058--027 **122.50

7. Name and Address of Current Registered Agent

Name

MATHIS GUICE

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

3600 INVERRARY DRIVE

Suite, Apt. #, Etc.

M1X

City

LAUDERHILL, FL

State

FL

Zip Code

33319

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

REGISTERED AGENT MUST SIGN

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
PD	MATHIS GUICE	3600 INVERRARY CRIVE, M1X	LAUDERHILL, FL 33319
TD	ANIKA GUICE	5470 NW 88TH AVE, APT F104	LAUDERHILL, FL 33319
SD	RITA GUICE	3660 INVERRARY DRIVE, M1X	LAUDERHILL, FL 33319

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2/3/1

OTHEL TURNER & Co.

ACCOUNTANTS

5787 WEST SUNRISE BOULEVARD • HUMANA PLAZA

PLANTATION, FLORIDA 33313

(954) 583-2205 FAX: (954) 321-0532

March 21, 2003

Division of Corporation
Reinstatement Division
409 East Gaines Street
Tallahassee, FL 32399

RE: COMMUNITY RECONSTRUCTION HOUSING CORPORATION, INC.
2002 & 2003 ANNUAL REPORT REINSTATEMENTS

To Whom It May Concern:

We are requesting that the Division reinstate the above referenced corporation. We have enclosed a reinstatement report along with the amount of \$122.50, \$61.25 fee for each year.

The corporation, any of its officers, or the registered agent has never received an annual report for this corporation. The reason the corporation may have not received the report may be due to an address change. We have changed the address reinstatement report.

Please accept the reports and the enclosed check and reinstate the corporation as soon as possible.

Sincerely,



OTHEL TURNER
Accountant