

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1 of 2

APPROVED AND FILED

02 APR 16 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # N99000006644

1. Corporation Name

Northside Affordable Housing Opportunities  
DBA  
NAHO Inc.

2. Principal Office Address

3738 Winton Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

3738 Winton Dr.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32209

Country

USA

Zip

32209

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

11-3-99

5. FEI Number

59-3603606

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gerald Cloud

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

3738 Winton Dr.

Suite, Apt. #, Etc.

900005347919-3

-04/25/02--01044-010

\*\*\*\*306.25 \*\*\*\*306.25

City

Jacksonville

State

FL

Zip Code

32209

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 Gerald Cloud

Date April 11, 2002

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
P	Pastor John Gears	1733 Gallehudian Dr.	Jacksonville, FL 32218
VP	Jerry Cravey	4000B ST. Johns Ave	Jacksonville FL 32205
S	Sharon Grant	3738 Winton Dr.	Jacksonville FL 32209
D	Dawn Lockhart	1639 Atlantic Blvd	Jacksonville FL 32205
D	Woodrow Page	3436 Moncrief Rd. W.	Jacksonville FL 32209
D	Gerald Cloud	3738 Winton Dr.	Jacksonville FL 32209

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:

Gerald Cloud Gerald Cloud

April 11, 2002

904-388-2225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 135

CR2E081 (9/01)

<u>Title</u>	<u>NAME of Director</u>	<u>Address</u>	<u>City, State</u>
D	Franklin Valentine	8410 Gullege Dr.	Jax, Fl. 32218
D	Elmo Martin	7029 Ben Knight Dr	Jax, Fl. 32208
D	Queen Vicky Seymore	3919 Victoria Landing	Jax, Fl. 32208