

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.

City & State

Jacksonville FL

Zip

Country

32209

USA

**3. Mailing Office Address**

3738 Winton Dr.

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

Country

32209

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.

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 Gallehudion Dr.	Jacksonville, FL 32218
VP	Terry 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

Daytime Phone #

904-388-2225 x 135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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