

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 29 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000008205*

1. Corporation Name

AFFORDABLE HOMES BY SHEILA, INC

600087497356
02/06/07--01041--020 **1050.00

2. Principal Office Address

11 42ND ST. N

Suite, Apt. #, etc.

H 205

City & State

St. Pete, FL

Zip

33713

Country

USA

3. Mailing Office Address

P.O. Box 46524

Suite, Apt. #, etc.

City & State

St. Pete, FL

Zip

33741

Country

U.S.A

REINSTATEMENT

CR2E081 (12/05)

05-07

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

1-18-00

5. FEI Number

59-3634197

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

SHEILA HUTMAN

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

11 - 42ND ST. N

Suite, Apt. #, Etc.

H 205

City

St. Pete

State

FL

Zip Code

33713

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *1-22-07*

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
<i>PRES</i>	<i>SHEILA HUTMAN</i>	<i>11 - 42ND ST N H 205</i>	<i>St. Pete FL 33713</i>
<i>Sec</i>			
<i>TREAS.</i>			

K. Eckel JAN 30 2007

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 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] *SHEILA HUTMAN*

1-22-07

Date

121-322-9424

Daytime Phone #