PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAY 20 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION RE-INSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P000000 18844

1. Corporation Name
South Broward Housing, Inc

000036961350
05/20/04--01047--002 **150.00

2. Principal Office Address	3. Mailing Office Address
5712 Hollywood Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood FL	City & State
Zip: 33021 Country: Broward	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 2-23-00

5. FEI Number: 65-0985486 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for Certified Copy

7. Name and Address of Current Registered Agent

Name: Jeanette BIANCO
Street Address (P.O. Box Number is Not Acceptable): 5712 Hollywood Blvd
Suite, Apt. #, Etc.:
City: Hollywood State: FL Zip Code: 33021

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: X
REGISTERED AGENT MUST SIGN
Date: 5-13-04

9. Name and Street Address 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
VT	[illegible], Annette C	5712 Hollywood Blvd	Hollywood, FL 33021
PSD	BIANCO, Jeanette	5712 Hollywood Blvd	Hollywood, FL 33021

10. I certify that I am an officer or director of 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: X Jeanette Bianco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-04
Date

954-987-7300
Daytime Phone #

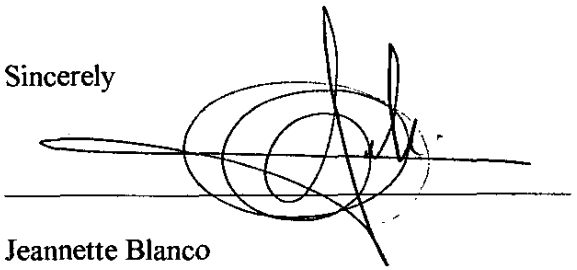
May 17 , 2004

Department of State
Division of Corporations
P O BOX 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement
South Broward Housing, Inc

Enclosed is the reinstatement application for South Broward Housing,Inc. I ask that you waive the late filing panalty as we did not receive the 2004 annual report form.
Our check for $ 150 is also enclosed.

Sincerely



Jeannette Blanco