PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORAT REINSTATEM	200 EARL 14480	Jim Secretar	TMENT OF STATE Smith Ty of State CORPORATIONS		PILLOP CO OH NOV 29	LED Y OF STATE ORPORATE PM 12: 5 2		
DOCUMENT # p00000078402				7.	000433	0042	7	
AFFORDABLE DEVELOPMENT GROUP, INC.					700043300427 12/09/0401026013 ***8.75 REINSTATEMENT 03-04			
2. Principal Office Address 3. Mailing Offic			ess	INE INA	OINIEM	/ICN I	05-04	
			camore Street			===		
Suite, Apt. #, etc. Suite, Apt. #,						v.		
				4. Date Incorporated or Qualified To Do Business in Florida 08/14/2000				
City & State City & State			5. F8				Applied For	
Daytona Beach, FL. Dayton			a Beach FL 5		3116205		Not Applicable	
32114 °	Country	32114	USA	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Addition	nal Fee required	
	<u> </u>	7. Name and	Address of Current Register	<u> </u>		The second of	Comments of the said	
Name								
6	Thomas A. Huger Street Address (P.O. Box Number is Not Acceptable)							
-	928 Sycamore Street				100043300481 1270970401026014 ***901.00			
	Suite, Apt. #, Etc.				12/09/0401026014 **90(.00			
City D	City Daytona Beach				State Zip Code FL 32114			
Signature of							CR2E081 (9/01	
Registered Agent Date 26 Nov 04 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			Street Address of Each		City / State / Zip			
	Officers and/or Directors		Officer and/or Director			y / Otate / Zip		
P Linda	Linda G. Huger		928 Sycamore Street		D. B.,	FL 321	14	
VP Thomas	Thomas A. Huger 928 Sycamore St			eet	D. B.,	F1. 32	2114	
VP Sophia	Sophia R. Huger		928 Sycamore Street		D. B.,	, Fl. 3	32114	
VP Thomas	Thomas A. Huger, III		928 Sycamore Street		D. B.,	FL. 32	2114	
VP Marie	è L. Huger	928	Sycamore Str	·oot	D B	. FT. 32	2114	
		.	bycamore ber	eet	<i>D_</i> B,		<u> </u>	
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 filling 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 #								