

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -5 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000054101**

1. Corporation Name

AFFORDABLE HOUSING OF ALACHUA, INC.

Principal Place of Business

Mailing Address

14600 MARTIN LUTHER KING BOULEVARD
ALACHUA FL 32615

14600 MARTIN LUTHER KING BOULEVARD
ALACHUA FL 32615



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
15615 NW US Hwy 441

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

100024941841
11/24/02 01010 025 **750.00

05/15/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
Alachua, Florida 32615

City & State

61-1414147

Not Applicable

Zip Country Zip Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JOHNSON, LINDA M	22204 SOUTHEAST U.S. HIGHWAY 301	HAWTHORNE FL 32640

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, LINDA M
14600 MARTIN LUTHER KING BOULEVARD
ALACHUA FL 32615

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Linda M Johnson
REGISTERED AGENT MUST SIGN

Date **NOV 3'03**

11. 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:

Linda M Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 3'03

Date

386-418-0257

Daytime Phone #

CR2E040 (7/03)