

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 MAY 26 PM 12:54

DOCUMENT # P02000123521

1. Corporation Name

SSFC Housing number  
Five, Inc

W05-23471

2. Principal Office Address

5712 Hollywood Blv.

Suite, Apt. #, etc.

Hollywood

City & State

FL 33021

Zip

Country

3. Mailing Office Address

5712 Hollywood Blv

Suite, Apt. #, etc.

Hollywood

City & State

FL 33021

Zip

Country

REINSTATEMENT 03-65

4. Date Incorporated or Qualified  
To Do Business in Florida

11/19/02

5. FEI Number

N/A

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

Jeannette Blanco

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

5712 Hollywood Blv.

Suite, Apt. #, Etc.

Hollywood Blv. FL 33021

City

Hollywood

State

FL

Zip Code

33021

100055342911  
05/26/05--01002--008 \*\*1090.00

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

Date

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	Jeannette Blanco	922 Washington St	Hollywood FL

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-558-3007

CR2E081 (01/05)