FOR REINSTATEMENT

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09003

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Corporation Name

RURAL HOUSING SERVICES, INC.

W-23717

Principal Place of Business	Mailing Address
1025 VERMONT AVENUE, N.W. SUITE 606 WASHINGTON DC 20005-3516	1025 VERMONT AVENUE, N.W. SUITE 606 WASHINGTON DC 20005-3516

REINSTATEMENT

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
	613 S. 12th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Leesburg, Florida
Zip / Country	Zip: 34748 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/06/1986

5. FEI Number: 52-1306869

6. CERTIFICATE OF STATUS DESIRED

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	LOZA, MOISES	1025 VERMONT AVE NW #606	WASHINGTON DC
S	FOSTER, JOHN	555 BUTTLES AVE.	COLUMBUS OH
D	RICHARD LINCOLN	111 East Wisconsin Ave	Milwaukee, WI 53202
D	FERNIZS, SANDRA	2400 N CENTRAL, SUITE 303	PHOENIX AZ 85004
D	Charles Davis	1300 East Lafayette St. Suite 606	Detroit, MI 48207
D	WILLIAM (BILL) POWERS	951 6th Avenue	Sacramento, CA 95818

8. Name and Address of Current Registered Agent

MAGALSKI, BARBARA
1316 SUMTER STREET
LEESBURG FL 34749

9. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable): 613 S. 12th STREET

Suite, Apt. #, Etc.:

City: LEESBURG State: FL Zip Code: 34748

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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.

Signature of Registered Agent: Barbara Magalski — REGISTERED AGENT MUST SIGN — Date: 10/4/00

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 the information indicated on 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE: [signature] Moises Loza President — (202)842-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #