


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 21 AM 8:00

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P92000013777</b>					
<b>1. Corporation Name</b> GMN AFFORDABLE HOUSING PARTNER V, INC.					
300 NW 12TH AVENUE 300 NW 12TH AVENUE					
<b>2. Principal Office Address</b> 300 NW 12TH AVENUE			<b>3. Mailing Office Address</b> 300 NW 12TH AVENUE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI, FL			City & State MIAMI, FL		
Zip 33128	Country	Zip 33128	Country	<b>4. Date Incorporated or Qualified To Do Business in Florida 12/23/92</b>	
<b>5. FEI Number</b> 65-0376319				<b>Applied For</b> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>				<b>\$3.75 Additional Fee required for a Certificate of Status</b>	

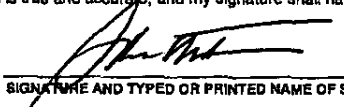
**REINSTATEMENT** 03-04  
MRS

<b>7. Name and Address of Current Registered Agent</b>	
Name SAL MARTORANO	
Street Address (P.O. Box Number is Not Acceptable) 300 NW 12TH AVENUE	
Suite, Apt. #, Etc.	
City MIAMI	State FL
Zip Code 33128	

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<b>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.</b>	
Signature of Registered Agent	Date 9-17-04
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P / D	Agustin Dominguez	300 NW 12 Ave.	Miami, FL 33128
VP / D	Russell A. Sibley, Jr.	300 NW 12 Avenue	Miami, FL 33128
VP / D	Ron Revaes	300 NW 12 Avenue	Miami, FL 33128
VPT / D	Salvatore Martorano	300 NW 12 Avenue	Miami, FL 33128
S / D	Eugenia Anderson	300 NW 12 Avenue	Miami, FL 33128

<b>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.</b>	
<b>SIGNATURE:</b>	<b>Date</b>
	9-17-04 3053241005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	