

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000067986

1. Corporation Name

AFFORDABLE APARTMENTS ASSOCIATES, INC.

Principal Place of Business

1455 HOLLY HEIGHTS DR.  
#51  
FT LAUDERDALE FL 33304  
US

Mailing Address

5760 NE 15TH AVE  
#51  
FT LAUDERDALE FL 33334  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/30/1993

5. FEI Number

65-0440308

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVD	ORLAND, CAROL	11231 IRA LANE	LAKE WORTH FL 33467
STD	BRENNER, KENNETH	5760 CORAL RIDGE ISLES DR	FT LAUDERDALE FL 33309

300002374203--1  
-12/16/97--01121--025  
\*\*\*\*\*750.00 \*\*\*\*\*750.00  
300002374203--1  
-12/16/97--01121--026  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

8. Name and Address of Current Registered Agent

SELZER, JEFFREY S  
2400 E COMMERCIAL BLVD  
SUITE 723  
FT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

(REGISTERED AGENT MUST SIGN)

Date 11/20/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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

KENNETH BRENNER

Date

11-1-97 (954) 761-3168

Daytime Phone #

FILED

97 DEC -3 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 97

CR2E040 (9/97)