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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL 12 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Corporation Name

CORNERSTONE AFFORDABLE HOUSING II, INC.

02

2. Principal Office Address

2121 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Penthouse II

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

2121 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Penthouse II

City & State

Coral Gables, FL

Zip

33134

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

09-01-1995

5. FEI Number

65-0630908

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

B&C Corporate Services of Central Florida, Inc.

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

390 North Orange Avenue

Suite, Apt. #, Etc.

Suite 1100

City

Orlando

State
FL

Zip Code
32801

REINSTATEMENT 2002-2005

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

Mara S. Mades

Vice Pres.

Date

7/11/05

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
D	Stuart Meyers	2121 Ponce de Leon Blvd., PH #2	Coral Gables, FL 33134
DC	Jorge Lopez	2121 Ponce de Leon Blvd., PH #2	Coral Gables, FL 33134
P	Leon J. Wolfe	2121 Ponce de Leon Blvd., PH #2	Coral Gables, FL 33134
VS	Mara S. Mades	2121 Ponce de Leon Blvd., PH #2	Coral Gables, FL 33134
T	Bruce Adams	2121 Ponce de Leon Blvd., PH #2	Coral Gables, FL 33134
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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:

Mara S. Mades

Mara S. Mades, Vice Pres

305-443-8288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)