

Division of Corporations

Page 1 of 1

**P95000092359**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H14000208712 3)))



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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*RE-SUBMIT\***

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**DISSOLUTION OR WITHDRAWAL  
NHPAHP AFFORDABLE HOUSING CORPORATION REHAB 1**

Certificate of Status	0
Certified Copy	0
Page Count	034
Estimated Charge	\$35.00

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*C Lewis  
9-10-14*

9/9/2014 9:21:03 From: To: 8506176380

( 2/4 )

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9/8/2014 10:10:52 AM PAGE 1/001 Fax Server



September 8, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

NHPAHP AFFORDABLE HOUSING CORPORATION REHAB 1  
1661 WORTHINGTON ROAD, STE 100  
WEST PALM BEACH, FL 33409US

SUBJECT: NHPAHP AFFORDABLE HOUSING CORPORATION REHAB 1  
REF: P95000092359

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please list the date of authorization of dissolution and please verify the document number. The doc number and the name do not match.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

FAX Aud. #: H14000208712  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations.

**SUBJECT:** NHPAHP Affordable Housing Corporation Rehab 1

**DOCUMENT NUMBER:** P95000092359

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Ho  
(Name of Contact Person)

NHPAHP Affordable Housing Corporation Rehab 1  
(Firm/Company)

1661 Worthington Road  
(Address)

West Palm Beach, FL 33409  
(City/State and Zip Code)

For further information concerning this matter, please call:

David Ho at ( 561 ) 682-7697  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS

14 SEP -5 AM 10:26

**ARTICLES OF DISSOLUTION**

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

**FIRST:** The name of the corporation as currently filed with the Florida Department of State:

NHPAHP Affordable Housing Corporation Rehab I

**SECOND:** The document number of the corporation (if known): P95000092359

**THIRD:** The date dissolution was authorized: 9/4/2014

Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

**FOURTH:** Adoption of Dissolution (CHECK ONE)

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signature: David Ho  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

David Ho  
\_\_\_\_\_  
(Typed or printed name of person signing)

Vice President  
\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35**