DI CACE DEAD	 All INCTO	ICTIONS	BEEODE O	· MDI ETI	NG THIS FORM	
APPLICATION FOR REINSTATEMENT	Sandra B. Morthar Secretary of State		IT OF STATE ham tate	APPROVED AND FILED		
DIVISION OF C			ATIONS	1998 MAR -3 AM 11: 16		
DOCUMENT # P96000022373 1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
MURDOCK CIRCLE AFFORDABLE HOUSING, INC.						
Principal Place of Business 2325 Ulmerton Road Suite 20 Clearwater, FL 34622 Mailing Address 2325 Ulmerton Road Suite 20 Clearwater, FL 34622 Clearwater, FL 34622				500002453035 9 -03/10/9801098001 *****900.00 *****900.00		
If above addresses are incorrect in any way, line through incorrect information and enter co. 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable 3. New Mailing Address, If Applicable 3.				DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified		
Suite, Apt. #, etc. Suite, Apt. #, etc.				To Do Business in Florida 3/12/1996		
City & State	City & State			5. FEI Number Applied For Not Applied For		
Zip Country	Zip Country			6. CERTIFICATE	OF STATUS DESIRED S8.75 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)						
Title(s) Name of Officers and/or Directors 2	3	Offi	et Address of Each cer and/or Director e Post Office Box N		City / State / Zip	
D/P Fred B. Bullard, Jr.		2525 Ulmerton Rd., S		Ste. 20	Clearwater, FL 34622	
S/T Fred B. Bullard, Jr.		325 Ulmer	ton Rd., S	Ste. 20	Clearwater, FL 34622	
					-03/10/9301098002 ******8.75 *********75	
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			<u> </u>	FIN9 I	ATEMENI 500	
8. Name and Address of Current F	legistered Agent			9. Name and A	ddress of New Registered Agent	
				O. Box Number is Not Acceptable) MENTEN RD State 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. BSC Corporate Services of Control Florida, Inc. Signature of Registered Agent By: His Many - Green D, Marker D Date Randal H. Alligood REGISTERED AGENT MUST SIGN Vice President						
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)						

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re-lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all less owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR