

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -6 PM 5:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2002

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Hams Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #P97000089848			
1. Corporation Name NATIONAL HOUSING GROUP CORP			
2. Principal Office Address 3301-2 NE 2nd Avenue		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State same	
Zip 33137	Country Dade	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 10/97	
5. FEI Number 65-0787845	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name C.T. Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road		
Suite, Apt. #, Etc.		
City Plantation		
State FL	Zip Code 33324	

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, VS.

Signature of Registered Agent: *Barbara A. Burke* **BARBARA A. BURKE**
REGISTERED AGENT MUST SIGN **SPECIAL ASSISTANT SECRETARY**

Date

11-502

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
PST	Maggie Pedraza	3301-2 NE 2nd Avenue	Miami, FL 33137

100008835031

11/06/02--01120--001 **750.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maggie Pedraza

Date

11/11/02

Daytime Phone #