

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10F2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 DEC 26 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** *P97000093624*

1. Corporation Name

Apartment Household, Inc.

*10*

2. Principal Office Address

201 S. Biscayne Ave.

3. Mailing Office Address

201 S. Biscayne Ave.

Suite, Apt. #, etc.

2380

Suite, Apt. #, etc.

2380

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

**REINSTATEMENT**

*98-00*

4. Date Incorporated or Qualified  
To Do Business in Florida

10/30/97

5. FEI Number

65-0793621

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State  
FL

Zip Code

32301

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

*Laura R. Dunlap*

**Laura R. Dunlap**  
as its agent

Date

*12/22/00*

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
P	Yolanda M. Suarez	201 S. Biscayne Ave. #2380	Miami, FL 33131
T/S	Harry Failing	8323 S.W. Frwy #455	Houston, TX 77074
D	R. Allen Stanford	5050 Westheimer	Houston, TX 77056
			<i>900003511789--5</i>

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.

**KE**

**SIGNATURE:**

*[Signature]*

12/21/00

713-771-8686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 942739 7108850

AUTHORIZATION :

*Patricia Pignatelli*

COST LIMIT : \$ 1058.75

ORDER DATE : December 22, 2000

ORDER TIME : 11:19 AM

ORDER NO. : 942739-015

CUSTOMER NO: 7108850

CUSTOMER'S Ms. Leigh Bryars  
Stanford Financial Group Co.  
5050 Westheimer  
Stanford Financial Group Bldg.  
Houston, TX 77056

RECEIVED

00 DEC 26 AM 9:5

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: APARTMENT HOUSEHOLD, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
00 DEC 26 AM  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA