H04000164826 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG 11 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98 00000 6128

1. Corporation Name
Naples Affordable Housing, Inc.

9288 Water Course Way
9288 Water Course Way

2. Principal Office Address	3. Mailing Office Address
9288 Water Course Way	9288 Water Course Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boyton Beach, FL	City & State: Boyton Beach, FL
Zip: 33437 Country: USA	Zip: 33437 Country: USA

REINSTATEMENT 04

4. Date Incorporated or Qualified To Do Business in Florida 01/20/1998

5. FEI Number 593514366 — 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: Lorraine Seidner

Street Address (P.O. Box Number is Not Acceptable): 9288 Water Course Way

Suite, Apt. #, Etc.

City: Boynton Beach | State: FL | Zip Code: 33437

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: Lorraine Seidner — REGISTERED AGENT MUST SIGN — Date: 8-10-04

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,S	Lorraine Seidner	9288 Water Course Way	Boynton Beach, FL 33437
VP	James O'Rourke	9288 Water Course Way	Boynton Beach, FL 33437

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: Lorraine Seidner Pres — 8-10-04 — 561 735-0130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LOCATION:2396420006 RX TIME 08/10 '04 15:12

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

NAPLES AFFORDABLE HOUSING, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,208.75