

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -6 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000034149

1. Corporation Name

FLORIDA HOUSING AUTHORITY
1661 SOUTH CONGRESS AVE

REINSTATEMENT

800008834158

11/06/02--01111--006 **750.00

2. Principal Office Address

1661 SOUTH CONGRESS AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

4/13/1998

5. FEI Number

65-0878685

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

33406

Country

PALM BEACH

Zip

Country

7. Name and Address of Current Registered Agent

Name

BEILLY ORRIN R.

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

105 S. NARCISSUS AVE

Suite, Apt. #, Etc.

SUITE # 705

City

WEST PALM BEACH

State
FL

Zip Code

33401

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

REGISTERED AGENT MUST SIGN

Date

11/4/02

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
DIRECT	LEE S. VOGEL	1661 SOUTH CONGRESS AVE	W.P.B. FL. 33406
DIRECT	HOWARD I VOGEL	1661 SOUTH CONGRESS AVE	W.P.B. FL. 33406

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

HOWARD I VOGEL

Date

10/31/02

Daytime Phone #

561-648-7710

CR2E081 (9/01)