

PLEASE REEVALUATE YOUR BUSINESS FOR COMPLIANCE WITH F.S. 190.01

P98000075637

**CORPORATION
REINSTATEMENT**



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

FILED

02 DEC -9 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# P98000075637

1. Corporation Name

Esko Affordable Housing-97A, Inc.

10/4/02

200012309352
02/11/03--01020--015 **750.00

2. Principal Office Address

340 Royal Poinciana Plaza

3. Mailing Office Address

1544 Sawdust Road

Suite, Apt. #, etc.

Suite 305

Suite, Apt. #, etc.

Suite 210

City & State

Palm Beach, Florida

City & State

The Woodlands, Texas

Zip

33480

Country

USA

Zip

77380

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/1998

5. FEI Number

65-0868517

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

James Jenkins

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

340 Royal Poinciana Plaza

Suite, Apt. #, Etc.

Suite 305

City

Palm Beach

State
FL

Zip Code

33480

8. I, being appointed registered agent of the above named corporation, am familiar and accept the obligations of section 0.0505 or 1.050, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
Pres.	G. Barron Rush, Jr.	1544 Sawdust Road, Suite 210	The Woodlands, Texas 77380
V.P.	James Jenkins	340 Poinciana Plaza, Suite 305	Palm Beach, Florida 33480
Sec.	Janet Staggs	1544 Sawdust Road, Suite 210	The Woodlands, Texas 77380

REINSTATEMENT

2002

(B.K.)

10. I certify that a man or officer or director or trustee empowered to execute this application as provided for in chapter 0001, F.S. I further certify that in filing this reinstatement application, the reason for dissolution has been eliminated, the corporation's name satisfies the requirements of section 0.001 or 1.001, F.S., 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 119.00(i), F.S. The information indicated on this application is true and accurate, and my signature affords the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/02

(281) 363-8705

Date

Daytime Phone #

CR2E081(9/01)