

\$420.00

F99000002095

PLEASE READ INSTRUCTIONS BEFORE FILING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 28 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600012309316
02/11/03--01020--014 **420.00

9/22/00

DOCUMENT# F99000002095

1. Corporation Name
Jefferson Community Housing Development Foundation
Incorporated

2. Principal Office Address
4315 N. Robertson Street

3. Mailing Office Address
1544 Sawdust Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New Orleans, LA

City & State
The Woodlands, TX

Zip
70117

Country
USA

Zip
77380

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 04/22/1999

5. FEI Number
NONE

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
Curtis Hamlin, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1205 Manatee Ave. W

Suite, Apt. #, Etc.

City
Bradenton

State
FL

Zip Code
34205

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

Signature of Registered Agent *Curtis Hamlin*
REGISTERED AGENT MUST SIGN

Date 01/02/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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	Clarence P. Landry, Jr.	803 Hancock Street	Gretna, LA 70053
VP/Sec	Sandra W. Landry	803 Hancock Street	Gretna, LA 70053

REINSTATEMENT 2000-2003

PSK

10. I certify that I am an officer or director or trustee empowered to execute this application as provided for in Chapter 001, F.S. If I am certifying that I am 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., 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 11.00(1), 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: *Clarence P. Landry, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 01/02/03 504-943-3090
Daytime Phone #

CR2E081(10/02)