


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -7 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # *NO1000004575*

1. Corporation Name
NHDC Franklin Arms Apartments, Inc.

*000071061014
11/24/03 - 01026 - 001 *4297.50

REINSTATEMENT

02-05

2. Principal Office Address <i>888 Franklin Street</i>		3. Mailing Office Address <i>10681 Foothill Blvd.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 220</i>	
City & State <i>Jacksonville, Florida</i>		City & State <i>Rancho Cucamonga, CA</i>	
Zip <i>32206</i>	Country <i>USA</i>	Zip <i>91730</i>	Country <i>USA</i>

4. Date Incorporated or Qualified To Do Business in Florida <i>6/28/01</i>	
5. FEI Number <i>59-3728336</i>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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 *[Signature]* *CT CORPORATION SYSTEM* Date *11-6-03*
ASST. SECY 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
D/T	<i>Jeffrey Burum</i>	<i>10681 Foothill Blvd. #220</i>	<i>Rancho Cucamonga, Ca 91730</i>
D	<i>James Corzatt</i>	<i>10681 Foothill Blvd. #220</i>	<i>Rancho Cucamonga, Ca 91730</i>
D/S	<i>Mary Ann Jackson</i>	<i>10681 Foothill Blvd. #220</i>	<i>Rancho Cucamonga, Ca 91730</i>
Exec. Dir.	<i>Jeffrey Burum</i>	<i>10681 Foothill Blvd. #220</i>	<i>Rancho Cucamonga, CA 91730</i>
Asst. Sec.	<i>Angie O. Nwanodi</i>	<i>10681 Foothill Blvd. #220</i>	<i>Rancho Cucamonga, CA 91730</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.

SIGNATURE: *[Signature]* *S B* Date *11/4/03* Daytime Phone # *(909) 291-1400*

CR2E081 (9/01)

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