

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **720377**

1. Corporation Name

KENILWOOD TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3007 SHAMROCK NORTH
TALLAHASSEE FL 32308

3007 SHAMROCK NORTH
TALLAHASSEE FL 32308

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/1971

5. FEI Number

59-1374911

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	TRAUGOTT, MICHAEL	3007 SHAMROCK N., #40	TALLAHASSEE FL 32308
SEC	GLASS, RUTH	3007 SHAMROCK N., #7	TALLAHASSEE FL 32308
TRE	MARTIN, WILLIAM	3007 SHAMROCK N., #36	TALLAHASSEE FL 32308 LS
ASST SEC	BLACKBOK, ELISABETH QUINTERO, GEORGE	3007 SHAMROCK N., #34	TALLAHASSEE FL 32308
D	HERP, CARY	3007 SHAMROCK N., #11	TALLAHASSEE FL 32308

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10/29/99--01048--022

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent, If Applicable

COMMUNITY PROPERTY MANAGEMENT
C/O TAMMY S. DAUGHTRY
2425-1 MILLCREEK CT
TALLAHASSEE FL 32308

Name
MICHAEL TRAUGOTT, President (RA)
Street Address (P.O. Box Number is Not Acceptable)
3007 SHAMROCK, N. #40
Suite, Apt. #, Etc.
City
TALLAHASSEE State
FL Zip Code
32308

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Michael Traugott
MICHAEL TRAUGOTT, PRESIDENT

Date **10-13-1999**

11. 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:

William Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM MARTIN TREASURER

10-13-1999

Date

893 6635

Daytime Phone #