

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 755971

1. Corporation Name

TWELFTH COURT TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

817 SE 12TH COURT #4
(REYNOLDS)
FT LAUD FL 33316

817 SE 12TH COURT #4
(REYNOLDS)
FT LAUD FL 33316

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

FILED
00 DEC 20 PM 12: 03
SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

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4. Date Incorporated or Qualified To Do Business in Florida

01/20/1981

5. FEI Number

NOT APPLICABLE

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	STRICKLAND, RAY	821 SE 12TH CT	FT LAUDERDALE FL 33316
D	TURNER, JUDITH L	821 S.E. 12TH COURT	FT. LAUDERDALE FL 33316
TD	REYNOLDS, ELIZABETH	817 S.E. 12TH COURT	FT LAUD, FL 00000
D	CLARKE, DAVID	817 SE 12TH CT	FT. LAUDERDALE FL 33316
VPD	DUFFIELD, JONATHAN	817 S.E. 12TH COURT	FT. LAUDERDALE FL 33316
D	MCCOY, DON	821 SE 12TH CT	FT LAUDERDALE FL 33316

8. Name and Address of Current Registered Agent

DUFFIELD, JONATHAN
817 S.E. 12TH COURT
FT LAUD FL 33316

9. Name and Address of New Registered Agent

Name 600003514816--6
-12/28/00--01004--010
Street Address (P.O. Box Number is Not Accepted) 236.25 ***236.25
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Jonathan Duffield
REGISTERED AGENT MUST SIGN

Date 12/15/00

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:

Elizabeth Reynolds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/00
Date

(954) 776-8582
Daytime Phone #

KE