

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

FILED
 01 NOV 16 PM 7:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida
01/20/1981

5. FEI Number
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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
PD	STRICKLAND, RAY	821 SE 12TH CT	100004703791-5 -12/04/01 ****236.25 ****236.25
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
 Street Address (P.O. Box Number, If Applicable)
 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 *[Signature]* Date **11/10/01**
 REGISTERED AGENT MUST SIGN

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* Date **11/10/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)