PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 AP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 20 PM 12:43

DOCUMENT # 765182

1. Corporation Name

TOWER OAKS GLENN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
112 NW 33RD COURT GAINESVILLE FL 32607 US	112NW 33RD COURT GAINESVILLE FL 32607 US

8/25/99 90004 001 61.25

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
4511 Sherwood Trace	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville, FL	City & State
Zip: 32605 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 09/27/1982

5. FEI Number: 59-2787419 ☐ 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
~~D~~	~~SCHACKOW, GERALD D.~~	~~112 NW 33RD COURT~~	~~GAINESVILLE FL~~
~~D~~	~~FROHLICH, KEITH~~	~~112 NW 33 CT~~	~~GAINESVILLE FL~~
~~D~~	~~CAVAGNER, CELIA~~	~~112 NW 33NG COURT~~	~~GAINESVILLE FL~~
D	Nidal Bou Ghannam	4511 Sherwood Trace	Gainesville, FL 32605
D	Hector Tapanes	Same	
D	Aref Bou Ghannam	Same	

8. Name and Address of Current Registered Agent

SCHACKOW, GERALD D.
112 NW 33RD COURT
GAINESVILLE FL 32607

9. Name and Address of New Registered Agent

Name: NIDAL BOU GHANNAM
Street Address (P.O. Box Number is Not Acceptable): 4511 Sherwood Trace
Suite, Apt. #, Etc.:
City: Gainesville State: FL Zip Code: 32605

CR2E040 (8/99)

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: Nidal Bou Ghannam — Date: 10/19/99
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.

AP

SIGNATURE: Nidal Bou Ghannam — 10/19/99 — (352) 337-2852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000551 8P