

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR -5 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *769938*

1. Corporation Name
TOWN & COUNTRY PROPERTY OWNERS ASSOCIATION, INC

2. Principal Office Address
239 S. COUNTY RD

Suite, Apt. #, etc.
Suite 200

City & State
PALM BEACH, FL

Zip
33480

3. Mailing Office Address
- SAME

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT 001

4. Date Incorporated or Qualified To Do Business in Florida
8/23/85 **SP**

5. FEI Number
59-2412026

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
TIMOTHY KENNY, P.A. **8000004035628-1**

Street Address (P.O. Box Number is Not Acceptable)
120 BUTLER ST **-04/20/01--01062--010**
******297.50 ****297.50**

Suite, Apt. #, Etc.

City
WEST PALM BEACH State **FL** Zip Code **33407**

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 *X* **REGISTERED AGENT MUST SIGN** Date *4/2/01*

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
<i>D</i>	<i>DAVID F. MARULLI</i>	<i>239 SOUTH COUNTY RD SUITE 200</i>	<i>PALM BEACH, FL 33480</i>
<i>DST</i>	<i>JESSICA MARULLI</i>	<i>239 SOUTH COUNTY RD, Ste 200</i>	<i>PALM BEACH, FL 33480</i>
<i>D</i>	<i>RANDY BARGA</i>	<i>3638 MIL-LAKE CIRCLE</i>	<i>GREENACRES, FL 33463</i>
<i>M</i>	<i>STEPHANIE MARCHAL</i>	<i>3748 MIL-LAKE CIRCLE</i>	<i>GREENACRES, FL 33463</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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01 Date *561-832-9785* Daytime Phone #

CR2E081 (9/00)