

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 12 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N000000000961

1. Corporation Name

Cityplace Townhouse POA, Inc.

2. Principal Office Address

90 Touchstone Webb Manr

3. Mailing Office Address

same

Suite, Apt. #, etc.

3700 George A Ave, Ste 3

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip

33405

Country

Palm Bch

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2/14/2000

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required  
for a Certificate of Status

800018801548  
05/12/03--01032--002 \*\*297.50

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Paul A. Krasker, Esquire, Moyle, Flanigan et al.

Street Address (P.O. Box Number is Not Acceptable)

625 N. Flagler Drive, 9th Floor

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33401

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

*[Handwritten Signature]*

Date

5/5/03

REGISTERED AGENT MUST SIGN

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
Pres	<u>ARYO KATAJISTO</u>	<u>659 Hibiscus St</u>	<u>West Palm Bch, FL 33401</u>
Vice Pres	<u>Louis P. Selvidio</u>	<u>695 Hibiscus St</u>	<u>West Palm Bch, FL 33401</u>
Secy/Treasurer	<u>Richard C. Cowell, Jr</u>	<u>608 Fern St</u>	<u>West Palm Bch, FL 33401</u>
Dir.	<u>Abby De Zego</u>	<u>638 Fern St</u>	<u>West Palm Bch, FL 33401</u>

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-07-03 561

Date

Daytime Phone #

CR2E081 (10/02)