

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -6 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00258

1. Corporation Name

Washington Square Townhomes Condominium
Association Inc

REINSTATEMENT 02-03

600018306726
05/06/03--01106--022 **297.50

2. Principal Office Address

1207 N. Himes

3. Mailing Office Address

1207 N. Himes

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

Suite 3

City & State

Tampa FL

City & State

Tampa FL

Zip

33607

Country

USA

Zip

33607

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/1983

5. FEI Number

59-2374584

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David Krug c/o Unique Property Service Inc

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

1207 N. Himes Ave

Suite, Apt. #, Etc.

#3

City

Tampa

State

FL

Zip Code

33607

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

REGISTERED AGENT MUST SIGN

Date

4/21/03

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
PD	ALEXANDRA STEINER	5120 Temple Heights Rd #C	Tampa / FL / 33617
VPS	DAVID BUKEMPIS	13542 N. Florida Ave #213C	Tampa / FL / 33617
SD	ABDELKADER NEDJADI	5116 Temple Heights Rd #C	Tampa / FL / 33617
TD	WAYNE W. WESTHOFF	P.O. Box 47015	Tampa / FL / 33647

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/03 813 914-9289

Daytime Phone #

CR20001 (1/02)