

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL AND

03 MAY -6 AM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N01000006642

1. Corporation Name

THORNTON PARK TOWNHOMES  
CONDOMINIUM ASSOCIATION INC.

2. Principal Office Address

238 THORNTON LANE

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32801

Country

U.S.A.

3. Mailing Office Address

238 THORNTON LANE

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32801

Country

U.S.A.

09/16/02 90117 002 \$ 8.75

09/16/02 90117 001 \$ 61.25

900018304639

05/06/03--0196--015 \*\*236.25

4. Date Incorporated or Qualified To Do Business in Florida

9/17/2001

5. FEI Number

61-1421658

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

ELISA WAWSENSON

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

240 THORNTON LANE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32801

**REINSTATEMENT 02-03**

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

ELISA WAWSENSON REGISTERED AGENT MUST SIGN

Date

4/28/03

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
<u>DIRECTOR</u> <u>PRES.</u>	<u>HEATHER KOWALSKI</u>	<u>238 THORNTON LANE</u>	<u>ORLANDO FL 32801</u>
<u>DIR.</u> <u>TREAS.</u>	<u>ELISA WAWSENSON</u>	<u>240 THORNTON LANE</u>	<u>ORLANDO FL 32801</u>
<u>DIR.</u> <u>SECTY.</u>	<u>JOE BARWIS</u>	<u>SUN E. AMELIA ST</u>	<u>ORLANDO FL 32803</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:

ELISA WAWSENSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/03

Daytime Phone #

407-617-2139

CR2E081 (10/02)