

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 NOV 22 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000008109

1. Entity Name
TOWNGATE CONDOMINIUM THIRTEEN ASSOCIATION,
INC.



Principal Place of Business
888 KINGMAN RD
HOMESTEAD, FL 33035

Mailing Address
888 KINGMAN RD
HOMESTEAD, FL 33035



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10022005 REIN-NP

CR2E099 (6/04)

4. FEI Number
20-0781410

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATRICIA KIMBALL FLETCHER, P.A.
C/O DUANE MORRIS LLP
200 S BISCAYNE BLVD, STE 3400
MIAMI, FL 33131

Name SKRLD, Inc.

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

201 Alhambra Circle, Suite 1102

City Coral Gables

FL

Zip Code 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Lisa Lerner, Secretary

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GLEBER, PATRICK 888 KINGMAN RD HOMESTEAD, FL 33035	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV JOSEPH, JERRY 888 KINGMAN RD HOMESTEAD, FL 33035	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST LATTERNER, PAIGE M 888 KINGMAN RD HOMESTEAD, FL 33035	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PP Shamus Surless 2219 S.E. 23 Road Homestead, FL 33035	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST Claudette-Bombino Ruiz 2217 S.E. 23 Road Homestead, FL 33035	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Jorge Fernandez 2206 SE 23 Road Homestead, FL 33035	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	700061630457 11/22/05--01077--008 **175.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	700061630457 11/22/05--01077--009 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel NOV 23 2005