

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 APR -9 AM 8:19

STATE
TALLAHASSEE, FLORIDA

600098566876

04/26/07--01007--017 **183.75

REINSTATEMENT 05-07
CR2E051 (1/07)

DOCUMENT # 719280

1. Corporation Name

TOWNSITE APARTMENTS III INC
18 SOUTH O STREET
APARTMENT 5B
LAKE WORTH FL 33460

2. Principal Office Address - No P.O. Box #

18 SOUTH O STREET

Suite, Apt. #, etc.

APARTMENT 5B

City & State

LAKE WORTH, FL

Zip

33460

Country

USA

3. Mailing Office Address

18 SOUTH O STREET

Suite, Apt. #, etc.

APARTMENT 5B

City & State

LAKE WORTH, FL

Zip

33460

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/10/1970

5. FEI Number

59-1323680

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

MS BETTY GUERIN

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

18 SOUTH O STREET

Suite, Apt. #, Etc.

APARTMENT 5B

City

LAKE WORTH.

State

FL

Zip Code

33460

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

BETTY GUERIN, REGISTERED AGENT MUST SIGN

Date 2/16/2007

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/ DIR/VP	ERWIN WIESBAUER STACY STAEBELL	18 SOUTH O STREET	LAKE WORTH, FL 33460
SEC/ DIR	BRIAN DADA	18 SOUTH O STREET	LAKE WORTH, FL 33460
TREAS/ DIR	BETTY GUERIN	18 SOUTH O STREET #5B	LAKE WORTH, FL 33460

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 contained in Chapter 119, 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

BETTY GUERIN, TREASURER/DIRECTOR/OFFICER

Date

Daytime Phone #

02/28/07 (561)588-6251

MM