

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 APR 30 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 724635

1. Corporation Name

Townsite Apartments XI, Inc.

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

610 North H Street

Suite, Apt. #, etc.

Apt 4A

City & State

lake worth Florida

Zip

Florida

Country

U.S.A

3. Mailing Office Address

610 North H Street

Suite, Apt. #, etc.

Apt 4A

City & State

lake worth Florida

Zip

Florida

Country

U.S.A

**REINSTATEMENT** 08-10

CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

January 1st 2009

5. FEI Number

591431321

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$2.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nermine Hanna

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

1156 Nemea Dr South

Suite, Apt. #, Etc.

West Palm Beach

City

West Palm Beach

State

FL

Zip Code

33406

**PROFIT CORPORATIONS ONLY**

☐ The \$800.00 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 807.0505 or 817.0503, F.S.

Signature of  
Registered Agent

*Nermine Hanna*

REGISTERED AGENT MUST SIGN

Date January 1st 2009

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
President	Nermine Hanna	1156 Nemea Dr South	West Palm Beach FL 33406
V. President	Grondahl Edward Steve	610 North H Street Apt. 7B	lake worth FL 33460
Treasurer	Mahraus Khalil	610 North H Street Apt. 4A	lake worth FL 33460

10. E-mail Address: Nermine.hanna3@aol.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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:**

*Nermine Hanna*

Nermine Hanna

January 1st 2009

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date