PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY 15 AM 9:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 724830

1. Corporation Name
Townhouse Shores Condominium, Inc.

REINSTATEMENT ao 9-4-97

Principal Place of Business	Mailing Address
same -->	667 Kensington PL. Wilton MANORS Fl 33305

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 667 Kensington Pl.
City & State	City & State Wilton MANORS FL.
Zip / Country	Zip 33305 / Country BROWARD

4. Date Incorporated or Qualified To Do Business in Florida 11-17-1972

5. FEI Number 59-1579012 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	DONNA WALDRON	653 Kensington Pl.	Wilton MANORS Fl 33305
Vice P.	CURT D'Achille	669 Kensington Pl	Wilton MANORS Fl 33305
TREASURER	John Campenni	667 Kensington Pl.	Wilton MANORS Fl 33305
Sec.	CAROL Lohsen	673 Kensington Pl	Wilton MANORS Fl 33305
member AT LARGE	Thoms MURRAY	655 Kensington Pl	Wilton Manors Fl 33305

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****428.75 ****428.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DONNA WALDRON 653 Kensington PL. Wilton MANORS Fl 33305	Name John Campenni Street Address (P.O. Box Number is Not Acceptable) 667 Kensington Pl Suite, Apt. #, Etc. ~~wilton Mnr~~ City Wilton Manors State FL Zip Code 33305

CR2E040 (12/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent John Campenni Date 4-11
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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: John Campenni 4-11 954-426-4960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #