## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

. 4	REINSTA	TEMENT						
DOCU	MENT # 724830	emi ji			· ••			
Entity Name     TOWNHOUSE SHORES CONDOMINIUM, INC.					·FIL	FD		
10111110	JOSE GHOREG GORDOMIN				.41		21	
Principal Plac	o of Rusinoss	Mailing Address	1		==n:05=7JAN=2	8a Mear	I OV-	05
673 KENSIN	GTON PLACE	673 KENSINGTON PLACE		R	EMOLAI		肝のイー	
WILTON MAN	IORS, FL 33305	WILTON MANORS, FL 33	305		TALLAHA	SSEE, FLOR	ר <i>י</i> יטו,	•
	*							
Principal Place of Business     8360 W Oakland Park Blvd		3. Mailing Address 1 P.O. Box 452199				illes hill elh biell ei	AJF BINII ZINIE DINII ŁID	
Suite, Apt.		Suite, Apt. #, etc.			01202005 REIN-N	NP CF	R2E099 (6/04)	14
301 City & State		City & State			4. FEI Number		Ar	oplied For
Sunrise, FL Zip Country		Sunrise, FL 333		2199	59-1579012	<del></del>	\$8.75 Add	ot Applicable
33351	USA	33345-2199	USA		5. Certificate of Status	Desired	Fee Require	
	6. Name and Address of Current F	legistered Agent	- Name -		7. Name and Address	of New Registe	red Agent	
LOHSEN, CAROL H 673 KENSINGTON PLACE			Street Address (P.O. Box Number is Not Acceptable)					
	MANORS, FL 33305		300007			-tocopiable)	•	
			City				— Tip Cod	10
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	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office o	r register	•			and accept
					90004 02/04/050	46018 11013009		n l
SIGNATURE.						21010 000	* * * * * * * * * * * * * * * * * * *	· ·
•	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent sign	ature requir	ed when reinstating)	D	ATE	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent sign	eture requir	ed when reinstating)			
FII	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: f	Registered Agent sign	ature requir	ed when reinstating)	Make c	heck payable tepartment of S	
10.	LE NOW!!! FEE IS \$297.50  OFFICERS AND DIR	ECTORS	11.		ad when reinstating)	Make c Florida D	heck payable t epartment of S D DIRECTORS IN	tate I 10
	LE NOW!!! FEE IS \$297.50			D/S Cari	ADDITIONS/CHANGES T	Make c Florida D O OFFICERS AN	heck payable t epartment of S	tate
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SIGNATURE: Case Zolsen CAROL COHSEN 1/35/05 954-831-1673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Descriptor Phone 8