

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT 26 PM 12:07

DOCUMENT # 726618

1. Corporation Name

Townhouse Management, Inc.

000375624690
10/26/21--01022--024 **2563.75

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

2120 LEEWARD Lane

Suite, Apt. #, etc.

3. Mailing Office Address

2120 LEEWARD Lane

Suite, Apt. #, etc.

City & State

Merritt Island FL

City & State

Merritt Island FL

Zip

32953

Country

U.S.

Zip

32953

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/1973

5. FEI Number

59-1673723

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

EUSTIL Enterprise LLC

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

2120 LEEWARD Lane

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32953

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

[Signature]

Date 9/10/21

REGISTERED AGENT MUST SIGN

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
P	Kirk W HYTE	2120 LEEWARD Lane	Merritt Island FL 32953
T	Kirk W HYTE	2120 LEEWARD Lane	Merritt Island FL 32953
D	Kirk W HYTE	2120 LEEWARD Lane	Merritt Island FL 32953
REINSTATEMENT			OCT 26 2021
			R. HUNT

10. E-mail Address: W HYTE Kirk@yahoo.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 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature] KIRK W HYTE

9/10/21

321-795-8576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #