Pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741052

1. Corporation Name

GALLEON TOWNHOUSE ASSOCIATION, INC.

REINSTATEMENT 99-150
4/21/99 901260006 $61.25

2. Principal Office Address	**3.** Mailing Office Address
CAMCO SERIVES INC.	CAMCO SERVICES INC
4445 N A1A	4445 N A1a
Suite, Apt. #, etc.: Suite 150	Suite, Apt. #, etc.: Suite 150
City & State: Vero Beach, FL	City & State: Vero Beach, FL
Zip: 32963 Country: US	Zip: 32963 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 1977

5. FEI Number: 59-0193820 ☐ 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: Paul Palestrini
Street Address (P.O. Box Number is Not Acceptable): c/o CAMCO SERVICES, INC.
4445 N A1A,
Suite, Apt. #, Etc.: Suite 150
City: Vero Beach State: FL Zip Code: 32963

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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: Paul Palestrini Date: 4/11/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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,D	Andrew Brady	2703 N A1A, #A	Ft. Pierce FL 34949
VP,D	Anne Denne	2805 N A1A #C	Ft. Pierce FL 34949
T,D	Al Maige	2801 N A1A #H	Ft. Pierce FL 34949
S,D	Cherra Connor	2801 N A1A #I	Ft. Pierce FL 34949
D	Mary Dean	2707 N A1A #B	Ft. Pierce FL 34949
D	Garland Duncan	2805 N A1A #G	Ft. Pierce FL 34949

Con't

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 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.

KE

SIGNATURE: _____ 4-11-00 561-234-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GALLEON TOWNHOUSE ASSOCIATION INC.
59-0193820

Directors (con't)

D	Susan Taggert	2803 N A1A #J	Ft. Pierce	FL	34949

KE