


W040000275

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 04 MAR 24 PM 2:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 98-24

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 01/22/04--01012--012 **367.50

DOCUMENT # 754476

1. Corporation Name
 2anada Townhomes Association Inc

2. Principal Office Address 1859 Scott St. Suite, Apt. #, etc.		3. Mailing Office Address 1859 Scott St. Suite, Apt. #, etc.	
City & State Hlwd. Florida		City & State Hlwd. Florida	
Zip 33020	Country USA	Zip 33020	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10-03-1980

5. FEI Number 592484332
 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: Stephane Desjardins or Linda Spesser

Street Address (P.O. Box Number is Not Acceptable): 1859 Scott St.

Suite, Apt. #, Etc.

City: Hollywood, FL State: FL Zip Code: 33020

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: Linda Spesser Date: 1-17-04

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
Secretary/Treasurer	Paula Russo	2107 N. 19 Ave	Hlwd Fl. 33020
President	Stephane Desjardins	1859 Scott St.	Hlwd Fl. 33020
Treasurer	Linda Spesser	1701 N. 49 Ave	Hlwd. Fl. 33021

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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.

SIGNATURE: Linda Spesser Linda Spesser Date: 1-17-04 Daytime Phone #: 954962-6780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

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To Whom it may concern,

The corporation listed here has changed owners and no record of an Annual Report has been received for the year 1998 and up til now. We are requesting that the 175.00 fee is waived.

A check for 367.50 is enclosed for the reinstatement of our corporation. Also enclosed is a list of new Officers/Directors.

I am sure that we will keep all records up to date, If anything else is needed please call or write any of the three listed on the reinstatement form.

~~Yours Truly,~~

Linda Ingles