PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUL 20 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758421

1. Corporation Name

CORAL SPRINGS TOWNHOMES CONDOMINIUM ASSOCIATION, INC

REINSTATEMENT 07-06
CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
10989 ROYAL PALM BLVD	10989 ROYAL PALM BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS, FL	City & State: CORAL SPRINGS, FL
Zip: 33065 Country: USA	Zip: 33065 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 05/20/1981

5. FEI Number 592217581 ☐ 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: DELORES BEDASEE

Street Address (P.O. Box Number is Not Acceptable): 10989 ROYAL PALM BLVD

Suite, Apt. #, Etc.

City: CORAL SPRINGS State: FL Zip Code: 33065

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: Delores Bedasee Date: 07/19/2006

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/D	DELORES BEDASEE	10989 ROYAL PALM BLVD	CORAL SPRINGS, FL 33065
S/D	LISA DONELSON	11013 ROYAL PALM BLVD	CORAL SPRINGS, FL 33065
T/D	JORGE GUZMAN	8908 NW 53RD STREET	SUNRISE, FL 33351
		800078119719 07/20/06--01043--008 **542.50	

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 contained in Chapter 119, 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: Delores Bedasee 07/19/2006 (954)696-8441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #