

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 25 PM 4:00

DOCUMENT # 763916

Corporation Name

Jupiter Village Town Homes Condominium
Association, Inc.

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-02/15/02--01001--014
*****61.25 *****61.25

1. Principal Office Address 2581 Jupiter Park DR Suite, Apt. #, etc. Suite E-3 City & State Jupiter, Florida Zip 33458		3. Mailing Office Address P.O. Box 2050 Suite, Apt. #, etc. City & State Jupiter, Florida Zip 33468	
Country Palm Beach	Country Palm Beach	Country Palm Beach	Country Palm Beach

REINSTATEMENT 89-02

4. Date Incorporated or Qualified To Do Business in Florida 6/25/82	
5. FEI Number 59-2251711	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Natalie Chin-Lenn, Esquire			
Street Address (P.O. Box Number is Not Acceptable) 2300 Palm Beach Lakes Boulevard, Suite 308			
Suite, Apt. #, Etc. West Palm Beach			
City West Palm Beach		State FL	Zip Code 33409

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/5/01

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
Pres.	Donald Russo D	115 Sherwood Circle 26C	Jupiter, FL 33458
V.P.	Rodney Crawford D	107 Sherwood Cir. 23A	Jupiter, FL 33458
Treas.	Eileen Carey D	126 Sherwood Cir. 12A	Jupiter, FL 33458
Sec.	Betty Villhauer D	138 Sherwood Cir. 18C	Jupiter FL 33458
Officer	DON Mc GARRAH D	108 Sherwood Cir. 3A	Jupiter, FL 33458

I certify that I am an officer or director or the recaller or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/10/01 561-575
Daytime Phone # 0493

AD