

# LO5000039422

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11 MAR 30 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LO5000039422

1. Corporation Name

Townscribe Investments, LLC

9/14/07

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

2030 South Ocean Dr.

Suite, Apt. #, etc.

# 720

City & State

Hallandale Bch, FL

Zip

33009

Country

3. Mailing Office Address

2030 South Ocean Dr.

Suite, Apt. #, etc.

# 720

City & State

Hallandale Bch, FL

Zip

33009

Country

700177669767  
04/01/11--01001--020 \*\*138.75  
CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

4/21/2005

5. FEI Number

☒ 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

Donald C. Pinkus

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

2030 South Ocean Drive

Suite, Apt. #, Etc.

Apt # 720

City

Hallandale Bch

State

FL

Zip Code

33009

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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. 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
Mgr	Donald C. Pinkus	2030 S Ocean Dr. #720	Hallandale Bch FL 33009

700177669767  
04/26/10--01005--013 \*\*416.25

REINSTATEMENT 2007-2011

nc 3/30/11

10. E-mail Address: CATARINEAUCPA@BELLSOUTH.NET

(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., 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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/10

Date

305-596-7883

Daytime Phone #