PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 21 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00616

1. Corporation Name

SOUTHWOOD 2, TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ALL AMERICA REALTY ~~2312 WEST UNIVERSITY AVE.~~ GAINESVILLE FL 32607 US	ALL AMERICA REALTY ~~6812 WEST UNIVERSITY AVE.~~ GAINESVILLE FL 32607 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 02-03
500012959435
02/21/03--01051--002 **297.50

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
4020 Newberry Rd	4020 Newberry Rd
Suite, Apt. #, etc.: Suite 800	Suite, Apt. #, etc.: Suite 800
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/28/1983

5. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	JACKSON, MARY	3933 SW 26TH DR., #A	GAINESVILLE FL 32608
~~VD~~	~~GANEY, BARBARA~~	~~3914 SW 26TH DR., #A~~	~~GAINESVILLE FL~~
~~STD~~	~~MOORE, DOROTHY~~	~~5021 NW 91CT BLVD~~	~~GAINESVILLE FL~~
VP	Austria, Alfredo	25385 Palisade Road	Punta Gorda, FL 33983
S/T	Sandra Hancock	4005 SW 26 Dr, Apt D	Gainesville, FL 32607

8. Name and Address of Current Registered Agent

WEIHE, ROSE
~~6312 W. UNIVERSITY AVE~~
GAINESVILLE FL 32607

9. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 4020 Newberry Road
Suite, Apt. #, Etc.: 800
City: Gainesville | State: FL | Zip Code: 32607

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Rose Weihe SIGNATURE REQUIRED Date: 1/30/03
REGISTERED AGENT MUST SIGN

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 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: Mary Jackson SIGNATURE REQUIRED Mary K JACKSON 2-13-03 352-373-6335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #