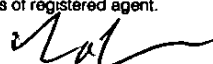
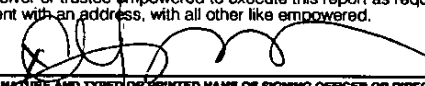


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                 |                                                       |                                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N01000008540</b><br>1. Entity Name<br><b>TOWNGATE CONDOMINIUM ONE ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                 |                                                       |                                                                                                    |  |
| Principal Place of Business<br><b>888 KINGMAN ROAD<br/>HOMESTEAD, FL 33035</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                                                 |                                                       | Mailing Address<br><b>888 KINGMAN ROAD<br/>HOMESTEAD, FL 33035</b>                                                                                                                  |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | 3. Mailing Address                                              |                                                       |                                                                                                                                                                                     |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              | Suite, Apt. #, etc.                                             |                                                       |                                                                                                                                                                                     |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              | City & State                                                    |                                                       |                                                                                                                                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                      | Zip                                                             | Country                                               | 10072005 REIN-NP CR2E099 (6/04)                                                                                                                                                     |  |
| 4. FEI Number<br><b>65-1070053</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                 |                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                              |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              |                                                                 |                                                       | <b>\$8.75 Additional Fee Required</b>                                                                                                                                               |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                 |                                                       | 7. Name and Address of New Registered Agent                                                                                                                                         |  |
| <b>MORRIS, DUANE<br/>200 SOUTH BISCAYNE BLVD., SUITE 3400<br/>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                 |                                                       | Name <b>SKRLD, Inc.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>201 Alhambra Circle, Suite 1104</b><br>City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b> |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              |                                                                 |                                                       |                                                                                                                                                                                     |  |
| SIGNATURE <br>Signature, typed or printed name of registered agent and title if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              | Lisa Lerner, Secretary<br>11/22/05--01077--007 **236.25<br>DATE |                                                       |                                                                                                                                                                                     |  |
| <b>FILE NOW!!! FEE IS \$236.25</b><br><b>After January 1, 2006, Fee will be \$297.50</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                                                 |                                                       | <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>PD<br/>GLEBER, PATRICK<br/>888 KINGMAN ROAD<br/>HOMESTEAD, FL 33035</b>   | <input type="checkbox"/> Delete                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PD<br/>Cathy Eason<br/>2232 SE 26 Lane<br/>Homestead FL 33035</b>                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VPD<br/>JOSEPH, JERRY<br/>888 KINGMAN ROAD<br/>HOMESTEAD, FL 33035</b>    | <input type="checkbox"/> Delete                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VPD<br/>Tiffany Powell<br/>2207 SE 26 Lane<br/>Homestead FL 33035</b>                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>STD<br/>LATTERNER, PAIGE<br/>888 KINGMAN ROAD<br/>HOMESTEAD, FL 33035</b> | <input type="checkbox"/> Delete                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>STD<br/>Michael Deutsch<br/>2201 SE 26 Lane<br/>Homestead FL 33035</b>                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | <input type="checkbox"/> Delete                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | <input type="checkbox"/> Delete                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | <input type="checkbox"/> Delete                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                                                                                                                                                     |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                              |                                                                 |                                                       |                                                                                                                                                                                     |  |
| SIGNATURE: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                                                 | 11/7/05<br>Date Daytime Phone #                       |                                                                                                                                                                                     |  |

FILED

05 DEC -9 PM 12:16

