2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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10072005 REIN-NP CR2E099 (6/04)

DOCUMENT # N01000008540

1. Entity Name
TOWNGATE CONDOMINIUM ONE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
888 KINGMAN ROAD HOMESTEAD, FL 33035	888 KINGMAN ROAD HOMESTEAD, FL 33035

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-1070053 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, DUANE
200 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: SKRLD, Inc.
Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle, Suite 1106
City: Coral Gables **FL** Zip Code: 33134

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: Lisa Lerner, Secretary 12/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

100061630411
11/22/05--01077--007 **236.25

FILE NOW!!! FEE IS $236.25
After January 1, 2006, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	PD	☐ Change ☐ Addition
NAME	GLEBER, PATRICK		NAME	Cathy Eason	
STREET ADDRESS	888 KINGMAN ROAD		STREET ADDRESS	2232 SE 26 Lane	
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP	Homestead FL 33035	
TITLE	VPD	☐ Delete	TITLE	VPD	☐ Change ☐ Addition
NAME	JOSEPH, JERRY		NAME	Tiffany Powell	
STREET ADDRESS	888 KINGMAN ROAD		STREET ADDRESS	2207 SE 26 Lane	
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP	Homestead FL 33035	
TITLE	STD	☐ Delete	TITLE	STD	☐ Change ☐ Addition
NAME	LATTERNER, PAIGE		NAME	Michael Deutsch	
STREET ADDRESS	888 KINGMAN ROAD		STREET ADDRESS	2201 SE 26 Lane	
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP	Homestead FL 33035	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

REINSTATEMENT 05
B 12/12/05

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: ______ 11/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #