

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000001629

1. Corporation Name

Tioga Town Center Owners Association, Inc.

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

105 SW 128th Street

Suite, Apt. #, etc.

City & State

Tioga, FL

Zip

32669

Country

US

3. Mailing Office Address

105 SW 128th Street

Suite, Apt. #, etc.

City & State

Tioga, FL

Zip

32669

Country

US

7. Name and Address of Current Registered Agent

Name

Luis Diaz

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

105 SW 128th Street

Suite, Apt. #, Etc.

City

Tioga

State

FL

Zip Code

32669

4. Date Incorporated or Qualified

To Do Business in Florida 02/17/2004

5. FEI Number

86-1100042

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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

Date 11/20/08

REGISTERED AGENT MUST SIGN

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
P	Diaz, Luis A	105 SW 128th Street	Tioga, FL 32669
VP	Diaz, Miguel J	105 SW 128th Street	Tioga, FL 32669
VP	Cannella, Luisa G	105 SW 128th Street	Tioga, FL 32669
S	Ferrero, Horst	105 SW 128th Street	Tioga, FL 32669
T	Diaz, Anneliese	105 SW 128th Street	Tioga, FL 32669
D	Levy, Gilbert	185 SW 128th Street	Tioga, FL 32669

10. 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 contained in Chapter 119, 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:

11/20/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 NOV 24 PM 3:14

RECEIVED STATE
ALLIANCE, FLORIDA

200138230162
11/24/08--01030--016 **297.50

REINSTATEMENT

02-08

CR2E081 (10/08)