PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Tioga Town Center Owners Association, Inc. 2. Principal Office Address - No P.O. Box # 1. Mailing Office Address 10.5 SW 128th Street		PORATI				S	DEPART ecretary sion of co	of S			08 NOV ;	ILED 24 PH 3: 14	
REINSTATEMENT 27 -										200138230162 200138230162			
105 SW 128th Street Suite, Apt. R. etc. City & State Tioga, FL Tioga, FL Tioga, FL Zip 32669 US 7. Name and Address of Current Registered Agent Name Luis Diaz Suite, Apt. R. Etc. City Suite, Apt. R. Etc. Suite, Apt. R. Etc. City Tioga Suite, Apt. R. Etc. Suite, Apt. R. Etc. Suite, Apt. R. Etc. City Tioga Suite, Apt. R. Etc. City Tioga Suite, Apt. R. Etc. Suite, Apt. R. Etc. City Tioga Suite, Apt. R. Etc. City Suite, Apt. R. Etc. City Tioga Suite, Apt. R. Etc. City Suite, Apt. R. Etc. City Tioga Suite, Apt. R. Etc. City The reinstatement fee is imposed, except in circumstances which the entity of the city of the ci	Tio	ga Tov	vn C	enter (Owr	·							
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Country Sacret Address of Each Officer and/or Director Signature of Registered Agent	•									5. FEI Number	Applied For		
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 no received and requesting the reinstatement fee be waived. City		1 1				' I		!	stry	6.	\$8.75 Additional Fee requir		
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SIGNATURE: 11/2U/U8 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #													