

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 APR 30 PM 2:44

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000009279

1. Corporation Name

Town Center Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #
5401 S. Kirkman Road

3. Mailing Office Address
5401 S. Kirkman Road

Suite, Apt. #, etc.
Suite 450

Suite, Apt. #, etc.
Suite 450

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32819

Country
Orange

Zip
32819

Country
Orange

REINSTATEMENT 06-02
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida
9/28/2004

5. FEEL Number
201686591

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Community Management Professionals, Inc.

Street Address (P.O. Box Number is Not Acceptable)
5401 S. Kirkman Road

Suite, Apt. #, Etc.
Suite 450

City
Orlando

State
FL

Zip Code
32819

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
Joe Panpanster, President
REGISTERED AGENT MUST SIGN

Date
4-13-07

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	Scott Hefner	902 West Park Drive	Celebration, FL 34747
T	Patricia Gaw	1247 Aquila Loop	Celebration, FL 34747
S	William Bona	403 Celebration Avenue	Celebration, FL 34747

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07 321 739-0733
Date Daytime Phone #