

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 FEB -1 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

N05044

1. Corporation Name

TOWNHOME ASSOCIATION OF OREGON STREET, INC.

2. Principal Office Address

321 OREGON ST.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL.

Zip

33019

Country

3. Mailing Office Address

321 OREGON ST.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL.

Zip

33019

Country

**REINSTATEMENT 87-02**

800004911878--1  
-02/12/02--01060--015  
\*\*\*1163.75 \*\*\*1163.75

4. Date Incorporated or Qualified  
To Do Business in Florida

9-7-1984

5. FEI Number

59-2443123

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

EAMON TONER

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

321 OREGON ST.

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33019

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

*Eamon Toner*

Date 1/31/02

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
D	LAWRENCE HERSHMAN	315 OREGON ST.	HOLLYWOOD, FL. 33019
D	DENNIS MAGARO	305 OREGON ST.	HOLLYWOOD, FL. 33019
D	EAMON TONER	321 OREGON ST.	HOLLYWOOD, FL. 33019

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 under section 119.07(3)(i), 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

*Lawrence Hershman*

LAWRENCE HERSHMAN-DIRECTOR

*Dennis Magaro*

DENNIS MAGARO-DIRECTOR

*Eamon Toner*

EAMON TONER-DIRECTOR

CR2E081 (9/01)