


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N12057</u>			
1. Corporation Name <b>TowneSquare Homeowners Association, Inc.</b>			
Principal Place of Business <b>Lakeland 33802</b>		Mailing Address  	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <b>2323 S. Fla. Ave.</b> Suite, Apt. #, etc. City & State <b>Lakeland, Fl.</b> Zip <b>33802</b> Country <b>Polk</b>		3. New Mailing Office Address, If Applicable <b>P. O. Box 8169</b> Suite, Apt. #, etc. City & State <b>Lakeland, Fl.</b> Zip <b>33802</b> Country <b>Polk</b>	
		4. Date Incorporated or Qualified To Do Business in Florida <b>11/13/85</b>	
		5. FEI Number <b>59-2693183</b>	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	DeReus, Marjorie	2050 Ariana Blvd.	Auburndale, FL 33823
STD	Crosby, Samuel G.	2720 Cleveland Hgts Blvd	Lakeland, FL 33803
VD	DeReus, Mark T.	726 Orange Park Ave.	Lakeland, FL 33801
8. Name and Address of Current Registered Agent <b>Crosby, Samuel G.</b> <b>2323 S. Fla. Ave.</b> <b>P. O. Box 8169</b> <b>Lakeland, Fl. 33802</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <u>Samuel Crosby</u> <b>REGISTERED AGENT MUST SIGN</b> Date <u>10/23/97</u>			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: <u>Samuel Crosby</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>SAMUEL G. CROSBY</b>		Date <u>10/23/97</u> Daytime Phone # <u>941/688-7038</u>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 93-97

JB  
10-28-97

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