

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN -4 PM 4:00

DOCUMENT # N14169

1. Corporation Name

Town Homes of Paradise Park Owners Assoc, Inc.

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

255 Paradise Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 033871

Suite, Apt. #, etc.

City & State

Indialantic, Fl.

City & State

Indialantic, Fl.

Zip

32903

Country

U. S.

Zip

32903

Country

U. S.

4. Date Incorporated or Qualified
To Do Business in Florida

April 4, 1986

5. FEI Number

59-2069765

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

Conway, Randall

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

255 Paradise Blvd. #8

Suite, Apt. #, Etc.

City

Indialantic

State

FL

Zip Code

32903

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

Randall J Conway President THOPP
REGISTERED AGENT MUST SIGN

Date 12/30/2009

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/D	Conway, Randall	255 Paradise Blvd. #8	Indialantic, Fl. 32903
D	Hutchins, Sr., Robert	255 Paradise Blvd. #10	Indialantic, Fl. 32903
S/D	Noe, Sandra S.	921 Golden Beach Blvd.	Ind. Harbour Beach, Fl. 32937
T/D	Trafton, Donald	255 Paradise Blvd. #34	Indialantic, Fl. 32903
V/D	Ydo, Maria	255 Paradise Blvd. #32	Indialantic, Fl. 32903

10. E-mail Address: DRTWHISPER@MSN.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

Randall J Conway President
Randall Conway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/09

Date

321-271-9090

Daytime Phone #

200164141512
01/04/10--01041--001 **\$1.25

REINSTATEMENT 2009

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