

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -1 PM 3:53

DOCUMENT # **N28160**

1. Corporation Name

**Capistrano Townhomes
Condominium Association, Inc.**

2. Principal Office Address

905 SE 12th Ct

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip **33316**

Country **USA**

3. Mailing Office Address

7154 N. University Pk

Suite, Apt. #, etc.

#213

City & State

TAMARAC, FL

Zip **33321**

Country **USA**

REINSTATEMENT 99-01

4. Date Incorporated or Qualified To Do Business in Florida

8/23/88

5. FEL Number

650077315

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

Astros Property Management

500003677435-9

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

7154 N. University Dr #213

02/13/01-01093-016

******61.25 ****61.25**

Suite, Apt. #, Etc.

500003677435-9

02/13/01-01093-017

******287.50 ****287.50**

City

Ft. Lauderdale

State

FL

Zip Code

33321

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

[Signature] Property Manager

Date **12/29/00**

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
P.D.	Judy Stern	905 SE 12th Ct	Ft. Lauderdale, FL 33316
V.P.D.	Lynn Phillips	905 SE 12th Ct	Ft. Lauderdale, FL 33316
T.D.	Chris Miller	905 SE 12th Ct	Ft. Lauderdale, FL 33316

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/2/01**

Daytime Phone # **954-763-7698**

CR2E081 (9/99)