

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 17 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N33062**

1. Corporation Name

**TOWNHOUSE VILLAGE CONDOMINIUM
ASSOCIATION INC.**

REINSTATEMENT 00-08

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

1085-1105 SOUTH

Suite, Apt. #, etc.

FLAGLER AVE

City & State

POMPANO BEACH FL.

Zip

33060

Country

BROWARD

3. Mailing Office Address

P.O. BOX

Suite, Apt. #, etc.

50493

City & State

LIGHTHOUSE PT. FL

Zip

33074-0493

Country

BROWARD

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1989

5. FEI Number

65-0217371

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

DAVID R ROY PA

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

4209 N FEDERAL HWY

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33064

☒ 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

[Signature]

Date **12-15-08**

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
Pres.	JOSEPH G. MAIURO	PO BOX 50493	LHP-FL 33074-0493
V.P.	JACKNELL ANESTAL	1085 S. FLAGLER #615	POMPANO BEACH FL 33060
S	CRYSTAL BRENDEL	1085 S FLAGLER #614	POMPANO BEACH FL 33060

000139133220
12/18/08--01028--006 **\$51.25

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]

JOSEPH G. MAIURO

Date **12/15/08**

(954)
360-2316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 12/17