

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG -3 AM 7:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N45175

1. Corporation Name

WATER TOWER I HOMEOWNER'S ASSOCIATION, INC.

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

13607 S Indian River Dr

Suite, Apt. #, etc.

City & State

Jensen Bch, FL

Zip

34957

Country

USA

3. Mailing Office Address

13607 S Indian River Dr

Suite, Apt. #, etc.

City & State

Jensen Bch, FL

Zip

34957

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/19/1996-Reinst.

5. FEI Number

650294180

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

TIMOTHY G. JORGENSEN

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

13607 S Indian River Drive

Suite, Apt. #, Etc.

City

Jensen Bch

State

FL

Zip Code

34957

☒ 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

REGISTERED AGENT MUST SIGN

Date 7-23-09

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	Timothy G. Jorgensen	13607 S Indian River Drive	Jensen Bch, FL 34957
VP	Sandy I. Goldberg	13603 S Indian River Drive	Jensen Bch, FL 34957
S/T	Marcia R. Jorgensen	13607 S Indian River Drive	Jensen Bch, FL 34957

REINSTATEMENT

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY JORGENSEN

Date

7-23-09 772-229-6066

Daytime Phone #

RR