PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 10 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000001371**

1. Corporation Name

TOWNHOMES ON THE GREEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O JEAN POWELL 2825 N.W. 104TH CT.. #A GAINESVILLE FL 32606 US	C/O JEAN POWELL 2825 N.W. 104TH CT.. #A GAINESVILLE FL 32606 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2825 NW 104th Court	2825 NW 104th Court
Suite, Apt. #, etc.: Unit D	Suite, Apt. #, etc.: Unit D
City & State: Gainesville, FL	City & State: Gainesville, FL
Zip: 32606 Country: USA	Zip: 32606 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/14/1994

5. FEI Number: 59-3249660 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DST	JEAN POWELL	2825 NW 104TH CT #A	GAINESVILLE FL 32606
DP	BENKELMAN, THOMAS S	2825 W. 104TH CT., #D	GAINESVILLE FL 32606
DV	HARDER, GEORGE	2825 NW 104TH CT B	GAINESVILLE FL 32606

700023980017
10/21/03--01147--005 **61.25

700023980017
11/10/03--01089--005 **175.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
POWELL, JEAN C/O JEAN POWELL 2825 N.W. 104TH CT., #A GAINESVILLE FL 32606	Name: Thomas S. Benkelman Street Address (P.O. Box Number is Not Acceptable): 2825 NW 104th Court Suite, Apt. #, Etc.: Unit D City: Gainesville State: FL Zip Code: 32606

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: Thomas S Benkelman Date: 10 Oct 2003
REGISTERED AGENT MUST SIGN

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 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: Thomas S Benkelman 10 Oct 2003 (352)332-7559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #