

PLEASE READ ALL INSTRUCTIONS BEFORE COM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90011 059 ***236.25
04-25-1999 90011 060 ****61.25

DOCUMENT # **N97000002041**

1. Corporation Name

TOWNHOMES AT KENSINGTON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**311 PARK PLACE BLVD
CLEARWATER FL 34619**

Mailing Address

**311 PARK PLACE BLVD
CLEARWATER FL 34619**

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

2. New Principal Office Address, If Applicable

**University Properties, Inc.
Suite, Apt. #, etc.
1001 Temple Terrace Hwy.**

**City & State
Temple Terrace, FL**

**Zip
33637**

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/10/1997

5. FEI Number

59-3455554

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	SIKORSKI, FRED J Thompson, Clay	311 PARK PLACE BLVD, SUITE 600 311 Park Place Blvd, Suite 600	CLEARWATER FL 34619
VD	HERMAN, LONNIE Martinez, Ralph	311 PARK PLACE BLVD, SUITE 600	CLEARWATER FL 34619
STD	MARTINEZ, RALPH Gebbia, Donna	311 PARK PLACE BLVD, SUITE 600 351 Kensington Lake Circle	CLEARWATER FL 34619 Brandon, FL 33511

8. Name and Address of Current Registered Agent

**ZSCAHU, JULIUS J
JOHNSON, BLAKELY, POPE, BOKOR ET AL
911 CHESTNUT ST
CLEARWATER FL 34616**

9. Name and Address of New Registered Agent

**Antonio Durate
Street Address (P.O. Box Number is Not Acceptable)
11959 N. Florida Avenue**

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33612

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.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/27/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information on intangible tax.)

12. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99

Date

980-1000

Daytime Phone #

CR2E040 (9/98)