

PLEASE READ ALL INSTRUCTIONS BEFORE COM

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

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

APPLICATION FOR REINSTATEMENT



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

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
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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. 7001 Temple Terrace Hwy. Temple Terrace, Fl. 33637	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 04/10/1997
City & State	Suite, Apt. #, etc.	5. FEI Number 59-3455554
Zip	Country	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
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 Name 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
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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** Date: **1/27/99**

REGISTERED AGENT MUST SIGN

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 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)(j), 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** Date: **1/26/99** Daytime Phone #: **980-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)