

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 13 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000001965

1. Corporation Name

Townhomes on Lincoln
Homeowner's Association IN

REINSTATEMENT 02-04

2. Principal Office Address

210 South Lincoln Ave

3. Mailing Office Address

210 South Lincoln Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33609

Country

USA

Zip

33609

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 03/25/99

5. FEI Number

59-3582880

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

Patricia A Dominguez

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

210 South Lincoln Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

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

Patricia A. Dominguez
REGISTERED AGENT MUST SIGN

Date

4/06/04

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
DP	Patricia A. Dominguez	210 South Lincoln Ave	Tampa, FL 33609
DS	Michelle C. Schmidt	208 South Lincoln Ave	Tampa, FL 33609
DT	Kathryn L. Basnight	204 South Lincoln Ave	Tampa, FL 33609

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA A. DOMINGUEZ

Date

4/06/04 813 801 9789

Daytime Phone #

CR2001 (01/04)