

APPLICATION  
FOR  
REINSTATEMENT



**FILED**

96 NOV -4 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

80000199898--0  
-11/08/96--01017--021  
\*\*\*\*\*375.00 \*\*\*\*\*375.00

DOCUMENT # P930000 30248

TOWNE COMPANIES I, INC.

**Mailing Address**

7975 N.W. 154th St. Suite 400      same  
MIAMI, FL. 33016

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

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Country

# REINSTATEMENT

**DO NOT WRITE IN THIS SPACE**

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

4-23-93

5. FEI Number

**Applied For:**

65-0406108

## Not Available

6.

**CERTIFICATE OF STATUS DESIRED** ☐

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

[illegible]**8. Name and Address of Current Registered Agent**

9. Name and Address of New Registered Agent

ABBEY KAPLAN  
1970 MIAMI CENTER  
201 S. BISCAYNE BLVD.  
MIAMI, FL. 33131

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

State

Zip Code \_\_\_\_\_

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

REGISTERED AGENT MUST SIGN

Date 10-30-70

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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**

10/25/90  
Date

823-2057  
Daytime Phone #