

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000013451

1. Corporation Name

TREASURE COAST TOWER ASSOCIATES, INC.

Principal Place of Business

P. O. BOX 527
PALM CITY FL 34991

Mailing Address

P. O. BOX 527
PALM CITY FL 34991

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

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

02/10/1998

5. FEI Number

65-0825285

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	CHAPMAN, H. LEE	PO BOX 527	PALM CITY FL

8. Name and Address of Current Registered Agent

CHAPMAN, H. LEE
2005 SW OXBOW WAY
P. O. BOX 527
PALM CITY FL 34991

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/01/03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/01/03

Daytime Phone #

772-
287-2939

REINSTATEMENT 03



800024449928
11/05/03--01046--025 **150.00

FILED

03 NOV -5 AM 9:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E040 (7/03)

November 1, 2003

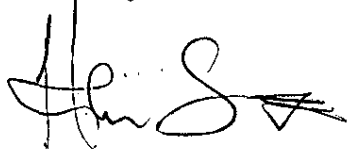
Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom it may concern,

I received this notice concerning Dissolution of Treasure Coast Tower Associates, Inc.
While we should have noticed that this item was never paid, we received no prior notice
of required action on our part.

Please accept this payment for our fees for 2003. If I can be of any assistance, please do
not hesitate to call.

Sincerely,

A handwritten signature in black ink, appearing to read 'H. Lee Chapman', with a stylized flourish at the end.

H. Lee Chapman
President of Treasure Coast Tower Associates, Inc
772-287-2439