

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P9900025192

1. Corporation Name

TOWNSEND FAMILY ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #

1128 ROYAL PALM BEACH BLVD.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 368

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH, FLA.

City & State

Zip

33411

Country

USA

Zip

3

Country

**REINSTATEMENT**

(1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

03/19/1999

5. FEI Number

65 0951032

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

MARY JO TOWNSEND

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

1128 ROYAL PALM BEACH BLVD.

Suite, Apt. #, Etc.

STE - 368

City

ROYAL PALM BEACH

State

FL

Zip Code

33411

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Mary Jo Townsend

Date

09/28/07

REGISTERED AGENT MUST SIGN

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
PTD	ROBERT TOWNSEND	1128 ROYAL PALM BEACH BLVD	ROYAL PALM BEACH, FLA. 33411
SVD	MARY JO TOWNSEND	1128 ROYAL PALM BEACH BLVD.	ROYAL PALM BEACH, FLA. 33411

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 contained in Chapter 119, 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:

Mary Jo Townsend

MARY JO TOWNSEND

09/28/07

561-798-9023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #