

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # S55948

1. Corporation Name

TOWNCO, INC.

Principal Place of Business

Mailing Address

8414 FOXWORTH CIRCLE  
ORLANDO FL 32819-5005  
US

P.O. BOX 2025  
WINDERMERE FL 34786-2025  
US

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

2. New Principal Office Address, If Applicable

8622 Autumn Green Dr  
Suite, Apt. #, etc.  
Jacksonville, FL  
City & State  
32256

3. New Mailing Office Address, If Applicable

8622 Autumn Green Dr  
Suite, Apt. #, etc.  
Jacksonville, FL  
City & State  
32256

Zip  
Country  
USA

Zip  
Country  
US

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

05/28/1991

5. FEI Number

59-3065204

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DPST	TOWNSEND, DEWIN W.	8414 FOXWORTH CIRCLE	ORLANDO FL
		8622 Autumn Green Dr	Jacksonville, FL 32256

800003493038--0  
-12/11/00--01025--017  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

TOWNSEND, DEWIN W.  
8414 FOXWORTH CIRCLE  
ORLANDO FL 32819

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/12/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE