

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 30 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 451023

1. Corporation Name.

Villa Bay Vista Owners Association, Inc.

900039739159
07/30/04--01069--002 **61.25

2. Principal Office Address

2016 Bay Drive

Suite, Apt. #, etc.

City & State

Miami Beach, FL 33141

Zip

33141

Country

USA

3. Mailing Office Address

1380 N.E. Miami Gardens Dr

Suite, Apt. #, etc.

125

City & State

N. Miami, FL

Zip

33179

Country

USA

4. **REINSTATEMENT** 81-04
to do Business in Florida

5. FEI Number

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

Dennis Evinger, Esq.

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

4000 Hollywood Blvd.

Suite, Apt. #, Etc.

Ste. 265 South

City

Hollywood, Fla. 33021

State
FL

Zip Code

33021

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/28/04

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
P	Cleon Mallet	2016 Bay Dr # 508	Miami Beach, FL 33141
V-P	STEVEN MCNEFF	2016 Bay Dr # 803	Miami Beach, FL 33141
S	NATALIA PAZ	2016 Bay Dr # 502	Miami Beach, FL 33141
T	JOSE RIVERA	2016 Bay Dr # 803	Miami Beach, FL 33141
D		2016 Bay Dr # 405	Miami Beach, FL 33141

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] J. CLEON MALLÉT

7/14/04

305-944-7700
Date Daytime Phone #

CR2E081 (9/01)