


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 752475 1. Corporation Name Villa Maria Condo. Assoc., Inc.			
2. Principal Office Address 4404 So. Ocean Blvd		3. Mailing Office Address SAME	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State Highland Bch, Fl.		City & State SAME	
Zip 33487	Country USA Palm Bch	Zip SAME	Country SAME

FILED
 05 FEB 28 AM 8:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 02-05
 MRD

7. Name and Address of Current Registered Agent

Name CAREY E. MATTHEWS	
Street Address (P.O. Box Number is Not Acceptable) 4404 So. Ocean Blvd	
Subs. Apt. #, Etc. APT D	50004434871 03/15/05--01007--001 ** \$20.00
City Highland Beach	State FL Zip Code 33487

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: Carey E. Matthews Date: 2-18-05
 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
PD	HANCOCK, MARGARET E	4404-B So. Ocean Blvd	Highland Beach FL 33487
TD	CAREY E. MATTHEWS	4404-D So. Ocean Blvd	Highland Beach FL 33487
VPD	Echeverria, JOSE I.	4404-A So. Ocean Blvd	Highland Beach FL 33487
SD	Rapinsan, Alison	4404-C So. Ocean Blvd	Highland Beach FL 33487

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)(f), 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: Carey E. Matthews Date: 2-18-05 (561) 276-0218
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFC326A1 (07/02)