

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

06 JUL 12 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **752475**

1. Corporation Name
**THE VILLA MANIS CONDOMINIUM
ASSOCIATION, INC.**

2. Principal Office Address
4404 So. Ocean Blvd

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Highland Bch., FL.

City & State

Zip
33487

Country
Palm Bch

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida **5-14-1980**

5. FEI Number **59-2178830**

6. CERTIFICATE OF STATUS DESIRED **\$875** Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CAREY ELIZABETH MATTHEWS

Street Address (P.O. Box Number is Not Acceptable)
4404 - D South Ocean Blvd.

Suite, Apt. #, Etc.
D

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 **6-12-06**

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
PRES	JUDITH ECHEVERRIA	4404-A So. Ocean Blvd	Highland Beach FL 33487
V.P.	DALE ECHEVERRIA	4404-A So. Ocean Blvd	Highland Beach FL 33487
SEC	VIRGINIA ANNE SALTER	4404-D So. Ocean Blvd.	Highland Beach FL 33487
TREAS.	CAREY E. MATTHEWS	4404-D So. Ocean Blvd.	Highland Beach FL 33487
Dir.	MARGARET E. HANCOCK	4404-B So. Ocean Blvd.	Highland Beach FL 33487

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07/20/06--01010--007 **\$1.25

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: *Carey E. Matthews*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CAREY E. MATTHEWS

Date **6-12-06** (561) 276-0218
Daytime Phone #