

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN -9 AM 7:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 767526

**1. Corporation Name**

The Regency Villas Condominium, Incorporated

**2. Principal Office Address**

312 S.E. 17th Street

Suite, Apt. #, etc.

Second Floor

City & State

Fort Lauderdale, Florida

Zip

33316

Country

USA

**3. Mailing Office Address**

312 S.E. 17th Street

Suite, Apt. #, etc.

Second Floor

City & State

Fort Lauderdale, Florida

Zip

33316

Country

USA

REINSTATEMENT 88-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/17/1983

**5. FEI Number**

20-1215041

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

Damaso W. Saavedra, Esq.

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

312 S.E. 17th Street

Suite, Apt. #, Etc.

Second Floor

City

Fort Lauderdale

State

FL

Zip Code

33316

300037814053  
06/09/04 01079 014 \*\*1215.00

**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

REGISTERED AGENT MUST SIGN

Date 6/8/2004

**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	Damoso W. Saavedra	312 S.E. 17th Street, Second Floor	Fort Lauderdale, Florida 33316
VPD	Blaine Vermeulen	240 Highland Street	Mount Dora, Florida 32757
STD	Lisa K. Hermann	312 S.E. 17th Street, Second Floor	Fort Lauderdale, Florida 33316

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/04

Date

954-767-6333

Daytime Phone #

CR2E081 (01/04)