

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 15 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00000004987

1. Corporation Name

LEILA AVENUE VILLAS HOMEOWNERS ASSOCIATION,  
INC.

2. Principal Office Address

301 S. MACDILL AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33609

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

7/31/2000

5. FEI Number

Not Applicable

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-03  
200016068782  
04/15/03--01048--002 \*\*506.25

7. Name and Address of Current Registered Agent

Name

PETER BENNETT

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

301 S. MACDILL AVENUE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33609

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

*Peter Bennett*

REGISTERED AGENT MUST SIGN

Date 4/8/03

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
D	PETER BENNETT	301 S. MACDILL AVENUE	TAMPA, FL 33609
D	DERRICK PARKER	3908 RYALLWOOD CT.	VALRICO, FL 33594
D	MATT CAMPO	5300 W. CYPRESS, SUITE 300	TAMPA, FL 33607-1712

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:

*Peter Bennett*

Peter Bennett, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03

Date

813-873-1950

Daytime Phone #

*js 4/16*

CR2E081 (10/02)