2017 APR 13 AM 9:39

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04448

1. Corporation Name
Plaza Villas I Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5901 Sun Blvd.		5901 Sun Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 103		Suite 103	
City & State		City & State	
St. Petersburg, FL		St. Petersburg, FL	
Zip	Country	Zip	Country
33715	USA	33715	USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: July 31, 1984

5. FEI Number: 59-2454545 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Zacur, Graham & Costis

Street Address (P.O. Box Number is Not Acceptable): 5200 Central Avenue

Suite, Apt. #, Etc.:

City: St. Petersburg | State: FL | Zip Code: 33733

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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 _____ Date 4/5/2017
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
P	Libby Hendren	476 Santa Cruz Pl. NE #H	St. Petersburg, FL 33703
VP	Marian Lovern	492 Santa Cruz Pl. NE #C	St. Petersburg, FL 33703
D	Rita Frederick	492 Santa Cruz Pl. NE #G	St. Petersburg, FL 33703
			APR 13 2017
	REINSTATEMENT		R. HUNT

10. E-mail Address: koolmann@resourcepropertymgmt.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I acknowledge that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Libby Hendren 4/3/17 (727)385-7114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #