

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 19 PM 3:27

DOCUMENT # N05000009528

1. Corporation Name

Summer Villas Condominium Association.

2. Principal Office Address - No P.O. Box #

1100 Summer Street

3. Mailing Office Address

1100 Summer Street

Suite, Apt. #, etc.

Unit #1

Suite, Apt. #, etc.

Unit #1

City & State

Palm Springs, Florida

City & State

Palm Springs Florida

Zip

33461

Country

Palm Beach

Zip

33461

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/06

5. FEI Number

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
GUILLERMO N. PALACIOS

Street Address (P.O. Box Number is Not Acceptable)
1100 Summer Street

Suite, Apt. #, Etc.
Unit #1

City
Palm Springs

State
FL

Zip Code
33461

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

Guillermo N. Palacios

REGISTERED AGENT MUST SIGN

Date 10/15/09

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	GUILLERMO N PALACIOS	1100 Summer Street #1	Palm Springs, Florida. 33461
VPD	ALFREDO RODRIGUEZ	1100 Summer Street #7	Palm Springs, Florida. 33461
TD	DAVID FIALLO	1100 Summer Street #9	Palm Springs, Florida. 33461

STATEMENT

08-09 B 10/20/09

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10/19/09 01046 015 **8.75

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 817, 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 807.0401 or 817.0401, 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:

Guillermo N. Palacios

10/15/09

561-201-7413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #