

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 14 AM 11:25

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

08-10

REINSTATEMENT

DOCUMENT # N06000002728

1. Corporation Name
Village Twin Homes At
Palmetto Bay Condos

2. Principal Office Address - No P.O. Box #
17360 SW 94th Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palmetto Bay, Fla

City & State

Zip
33157

Country
DADE

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

CR2E081 (11/09)

7. Name and Address of Current Registered Agent

Name
Villar Property Management

Street Address (P.O. Box Number is Not Acceptable)
7446 SW 48th

Suite, Apt. #, Etc.

City
Miami, Fla

State
FL

Zip Code
33155

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 607.0505 or 617.0503, F.S.

Signature of Registered Agent
[Signature]

Date 4-7-10

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/D	CLEMENTE VERA	499 W 1ST ST 23 STREET MIAMI, FL 33010	
VP/D	CODY WALLACE	17240 SW 94th Ave MIAMI, FL 33157	

**M. MILLIGAN
EXAMINER**

JUN 16 2010

10. E-mail Address: _____
(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., 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.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-7-10 Daytime Phone # 305-662-2781