

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

ALLAHASSEE, FLORIDA

08-10

REINSTATEMENT

DOCUMENT # N06000002728

1. Corporation Name

Village Twin Homes At
Palmetto Bay Condo Assos

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

17360 SW 94th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Palmetto Bay, Fla

City & State

Zip

Country

33157

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 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