

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB -9 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 20439

1. Corporation Name

VILLA POINTE HOMEOWNERS ASSOCIATION INC.

W00-2026

Principal Place of Business

Mailing Address

3095 S. MILITARY TRAIL
SUITE 5
LAKE WORTH, FL. 33463-2108

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

97-00

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0120256

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	OSCAR CORIA	1991 MONKS CT.	WEST PALM BEACH, FLORIDA, 33415
VICE PRES.	JAMES ELSBERRY	1985 MONKS CT.	WEST PALM BEACH, FLORIDA, 33415
SEC.		1971 MONKS CT.	WEST PALM BEACH, FLORIDA, 33415
TREA.	SUSAN TAYLOR	WEST PALM BCH, FL. 33415	WEST PALM BEACH, FLORIDA, 33415
			LS
			000003136560--4 -02/16/00--01005--025

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name		ST. JOHN, DICKER, CAPLAN, KRIVOK & CORE	
Street Address (P.O. Box Number is Not Acceptable)		500 AUSTRALIAN AVE. SOUTH, #800	
Suite, Apt. #, Etc.			
City	State	Zip Code	
WEST PALM BEACH	FL	33401	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

David Stahl

Date 12-13-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

Oscar Coria

OSCAR CORIA

Date

1/17/00

Daytime Phone #

642-5080

CR2E08 (12/98)