PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 NOV 23 PM 3: 55
DOCUMENT # 1930000 2765 1. Corporation Name		SEGNETARY OF STATE TALLAHASSEE, FLORIDA
Vizcaya Villa's Home owners		
Association, FNC.		THE OFFICE ASSE
2. Principal Office Address	3. Mailing Office Address	reinstatement os
	15660 SAN CANOS BLUD	10/11/05 01058 005 \$61.25
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-4Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida 6/14/1993
Fort myers, Fl.	FORT MYORS FL.	5. FEI Number Applied For Not Applicable
	Zip Country	6. S8 75 Additional Fee requires
33908 U.S. 33908 U.S. CERTIFICATE OF STATUS DESIRED 58.79 Additional Fee required for a Certificate of Status Rul L Samo 7. Name and Address of Current Registered Agent		
Name P3M Property Management Street Address (P.O. Box Number is Not Acceptable) 15665 SAN CAT 105 BWD. Suite, Apt. #, Etc. City Fort Myers State Zip Code 33928		
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 Could Lagorian Date 10/6/05 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	
Presider Tesse Hime		#40 33908
vicePresion Mel GiBSO		4 40 33408
Treasure Melissa Higgs	NS 15666 5AN CANDS	# 40 33908
SOCRETY AMENDA Tre	15860 54N CARK	# 40 33908
Director Bret Mart		440 33428
Asst. Paul L. Saupr) 15660 SAN Carlos	ew. 40 futtenade n=24 ≠40 10/11/0501058005 389485
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 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: ## SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #		

P & M Property Management

Paul Sapp CAM, CFPM Owner/Manager

Marie Sapp CAM, CFPM Owner/Manager

Randy Diveley CAM Operations Manager

Judi Long CAM Manager

Linda Hardwick CAM Manager

Dixie Cory, CAM

Yvonne Miller CAM Manager

Norman Fuchs CAM Manager

Pat Neace CAM Manager

Charlie Shiptey CAM, CFPM Manager

Mary Colson CAM Administrative Assistant

Kathy Boss Office Manager

Michele Conrad CAM Bookkeeping

Debra Conrad CAM Bookkeeping

Tim Clifton Service Manager

MAIN OFFICE & MAIL 15660 San Carlos Blvd. # 40 Fort Myers Florida 33908

Fort Myers Phone #

Naples Phone # 239 596-7887

Fax # 239-481-1789

E-Mail Address
MindManors@aol.com

DATE:

FROM:

Monday, November 14, 2005

TO:

BPBR

Paul Sapp P & M Property Management

SUBJECT: Corporate Reports

On behalf of the Vizcaya Villas Homeowners Association, Inc, this letter is to inform you that we did not receive a prior notice regarding the Annual Corporate Report. We are therefore, requesting that your office please waive the late fee. If you have any further questions, please contact me at 239-481-1577. Thank you for your immediate attention to this matter.

Sincerely,

Paul L Sapp

Paul L. Sapp, CAM CFPM For the Vizcaya Villas Board