

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -7 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N93000002765*

1. Corporation Name
Vizcaya Villas Homeowners' Association, Inc.

7103000004158

2. Principal Office Address
3821-6 E. Schoolhouse Rd.

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State
Fort Myers, FL

Zip Country
33916 USA

REINSTATEMENT *01-03*

4. Date Incorporated or Qualified To Do Business in Florida
6/14/93

5. FEI Number
65-0508823

6. CERTIFICATE OF STATUS DESIRED **\$875 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
James Clarke

Street Address (P.O. Box Number is Not Acceptable)
3821-6 E. Schoolhouse Rd.

Suite, Apt. #, Etc.

City State Zip Code
Fort Myers FL 33916

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 *James Clarke* Date *1-20-03*
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
<i>P/D</i>	<i>James Clarke</i>	<i>3821-6 E. Schoolhouse Rd.</i>	<i>Ft. Myes, FL 33916</i>
<i>VP/D</i>	<i>Jesse Borges</i>	<i>3825-5</i>	<i>" "</i>
<i>S/T/D</i>	<i>Larry Fultz</i>	<i>3825-6</i>	<i>" "</i>
			<i>03/07/03--01008--001 **61.25</i>
			<i>100010958831</i>
			<i>03/07/03--01008--001 **61.25</i>

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: *James Clarke* *1/18/03* *223a)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *1-20-03 936-9070*

CR2E081 (10/02)