

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 MAR 17 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20110

1. Corporation Name
VENETIA TOWNHOMES & VILLAS HOMEOWNERS
ASSOCIATION, INC,

Principal Place of Business
2272 Venetia Place
Indialantic, Florida 32903

Mailing Address
2272 Venetia Place
Indialantic, Florida 32903

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 04/13/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2788436	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P/D	Ruth Clapp	2292 Venetia Place	Indialantic, FL 32903
V/D	David Kiewit	2286 Venetia Place	Indialantic, FL 32903
T/D	Lois Bina	2288 Venetia Place	Indialantic, FL 32903
S/D	Connie Bernier	2291 Venetia Place	Indialantic, FL 32903
D	Marcia Sawczyn	2277 Venetia Place	Indialantic, FL 32903

REINSTATEMENT

8. Name and Address of Current Registered Agent

Todd Robinson
2284 Venetia Place
Indialantic, Florida 32903

9. Name and Address of New Registered Agent

Name
Ruth Clapp
Street Address (P.O. Box Number is Not Acceptable)
2292 Venetia Place
Suite, Apt. #, Etc
600002117816--9
-03/19/97--01053--006
City
Indialantic
****297 FL 32903 50

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

Ruth Clapp
REGISTERED AGENT MUST SIGN

Date 3-13-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Ruth Clapp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruth Clapp

3-13-97

Date

407-773-3533
Daytime Phone #

CR20040 (1/2/96)