PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	DA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2008 FEB 27 AM II: 49
DOCUMENT # 7/4459 1. Corporation Name THE RIO VISTA VILLAS ASSOCIATION, INC.		SECRE LARY OF STATE TALLAHASSEE, FLORIDA
EID D. OVELL	ng Office Address ODELL TRID VISTA circle t. #, etc.	CR2E081 (12/07) 1977-2008 4. Date Incorporated or Qualified To Do Business in Florida 04/18/1968
Zip Country Zip	ate 17 tantis, Florida 1462 Country VSA	5. FEI Number Applied For S 9/17 26097 Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Name Max KircheN Street Address (P.O. Box Number is Not Acceptable) 213 RIO VISTA CIrcle Suite, Apt. #, Etc. City Atlants State FL 33 462		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 Date 2/7/08 REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director Titles Name of	(Florida nonprofit corporations must list at le Street Address of Each	
Officers and/or Directors	Officer and/or Director	City / State / Zip
P/D Robert Coruber	261. RIO VISTA C	10112/112/12
TD DONALD ODELL		Circle Atlantis, F1,33462
S/D ELLEN KING	248 RIO VISTA (
D Barbara Jill Harold	· · · · · · · · · · · · · · · · · · ·	
D Glevie Wilson	249 Rie Vista Ci	900118937419 02/27/0801030013 **1960.00
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 contained in Chapter 119, 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: Crubar 2/3/08 56/-432-3246 Daytime Phone #		