

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717746

1. Corporation Name

VILLAS SOCIAL CLUB, INC.

Principal Place of Business

4301 N.W. 48TH AVE
FORT LAUDERDALE FL 33319-4659

Mailing Address

4301 N.W. 48TH AVE
FORT LAUDERDALE FL 33319-4659

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1989

5. FEI Number

59-1368036

Applied For

Not Applicable

6. 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/O	PHILLIPS, CARLTON	4209 N W 50TH TERRACE	LAUDERDALE LAKES FL 33319
DVP COM.	MCLYMONT, CHARLES Draper H. Hodges	4000 NW 42ND ST 4310 NW 50th Ave	LAUDERDALE LAKES FL
DVP Tr	LOTER, KATHLEEN Rhona Lewis	5000 N W 42ND STREET 4976 NW 42nd Court	LAUDERDALE LAKES FL 33319
S	BAILEY, WINSOME	4241 N W 51ST AVENUE	LAUDERDALE LAKES FL 33319
D	BUCHANAN, NEVILLE	4398 N W 48TH CIRCLE	LAUDERDALE LAKE FL 33319
D	MAGGIO, TERRY	4331 N W 49TH TERRACE	LAUDERDALE LAKES FL 33319 SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILES, JAMES R 300003065163--9
7686 WILES ROAD
CORAL SPRINGS FL 33067
-12/03/99--01042--013
*****70.00 *****70.00

Name James Miles
Street Address (P.O. Box Number is Not Acceptable)
10034 W. Mc Nabb Road
Suite, Apt. #, Etc.
City TAMARAC
State FL Zip Code 33321

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

Signature of
Registered Agent

Date 10/18/99

REGISTERED AGENT MUST SIGN

11. 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Draper H. Hodges, Comptroller

Date 10/18/99 Daytime Phone # 954-731-0143