


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

FILED  
08 NOV 21 PM 4:26  
TALLAHASSEE, FLORIDA

DOCUMENT # 717746

1. Corporation Name

Villas Social Club, Inc.

200138168952  
11/21/08--01028--009 \*\*183.75

REINSTATEMENT 06-08

2. Principal Office Address - No P.O. Box #

4031 NW 48th Ave.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Zip

Country

33319

U.S.A.

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12-16-1969

5. FEI Number

591366036

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TUCKER & TIGHE, P.A.

Street Address (P.O. Box Number is Not Acceptable)

800 E. Broward Blvd.

Suite, Apt. #, Etc.

710

City

Fort Lauderdale

State

FL

Zip Code

33301

☒ 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

*Meredith Sp...*  
REGISTERED AGENT MUST SIGN

Date

11-4-08

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
P	Alyce Marshall	5030 NW 42 St	Lauderdale Lakes FL 33319
IVP	Tola Smith	4229 NW 50 Terr	Laud. Lks FL 33319
2VP	Spurgeon Leiba	4951 NW 42 St	Laud LKS FL 33319
TD	Renee Dichner	5039 NW 42 St	Laud LKS FL 33319
SD	Esme Burke	4950 NW 42 Ct	Laud LKS FL 33319
SD	Elsie Baddal	4230 NW 51 Ave	Laud LKS FL 33319

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Alyce Marshall*

Date

Daytime Phone #

10/27/08 954-292-1247

11/21/08