

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 SEP 26 AM 11:47

DOCUMENT # **717844**

1. Corporation Name

Model Village Unit #1, Inc.

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

1146 Bald Eagle Dr.

3. Mailing Office Address

105 S. York Rd.

Suite, Apt. #, etc.

Suite D-8

Suite, Apt. #, etc.

Suite 550

City & State

Marco Island, Fl. 34145

City & State

Elmhurst, Il. 60126

Zip

34145

Country

Collier

Zip

60126

Country

DuPage

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1/17/1970

5. FEI Number

59-1595673

☐ 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

Ralph Scumacci

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

1146 Bald Eagle Dr.

Suite, Apt. #, Etc.

D-8

City

Marco Island

State

FL

Zip Code

34145

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09/12/11--01055--005 **245.50

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

Ralph Scumacci

Date Sept. 9, 2011

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 |
|--------|--------------------------------------|---|-------------------------|
| Pres. | Ralph Scumacci | 1146 Bald Eagle Dr. D8 | Marco Island, Fl. 34145 |
| Sec. | Andrew Jocke | 1154 Bald Eagle Dr. A-2 | Marco Island, Fl. 34145 |
| Treas. | Frank A. Catalano | 105 S. York Rd-Suite 550 | Elmhurst, Il. 60126 |
| | | | |
| | | | |
| | | | |

10. E-mail Address: franksre@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Ralph Scumacci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/11

Date

239-389-9372

Daytime Phone #