

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JUL -2 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732980

1. Corporation Name

Villas Capri Condominium Association, INC

W12000025549

700234678747

05/04/12--01035--002 **236.25

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

7300 PARK STREET

Suite, Apt. #, etc.

3. Mailing Office Address

7300 PARK STREET

Suite, Apt. #, etc.

City & State

SEMINOLE, FL

Zip

33777

Country

USA

City & State

SEMINOLE, FL

Zip

33777

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☐ 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

RABIN - PARKER, P.A.

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

28163 US HWY 19N.

Suite, Apt. #, Etc.

SUITE 207

City

CLEARWATER

State

FL

Zip Code

33761

700234678747

06/28/12--01002--006 **2143.75

REINSTATEMENT

76-12

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

REGISTERED AGENT MUST SIGN

JUL 02 2012

Date

4/27/12

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least three officers)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ERNIE KELLNER	7300 PARK STREET	SEMINOLE, FL 33777
VP	MICHELINE ZNACK	7300 PARK STREET	SEMINOLE, FL 33777
S	SHIRLEY GEORGE	7300 PARK STREET	SEMINOLE, FL 33777
T	DON RUPERT	7300 PARK STREET	SEMINOLE, FL 33777
D	JERRY LICATA	7300 PARK STREET	SEMINOLE, FL 33777
D	AUGUST HOLDERRIED	7300 PARK STREET	SEMINOLE, FL 33777

10. E-mail Address: AMUNDY@RESOURCEPROPERTYMGMT.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: Ernie Kellner ERNIE KELLNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/12 (227)518-8694
Date Daytime Phone #