PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734952

1. Corporation Name

Dringing Office Address

The Villas Ata Indian River Property Owners Association, Inc.

2 Mailing Office Address

Z. Fillicipal Office Addit	292	J. Maining Office Address		
2530 Via	Vittoria Ct	P.O. Box 54	1 1118	
Suite, Apt. #, etc.	į	Suite, Apt. #, etc.		
City & State		City & State		
Merritt Is	land, FL	Merritt Is	land, FL	
Zip	Country	Zip	Country	
32953	USA	32954~1118	USA	

OO FEB 21 PM 2: 18
SEGRETARY GESTATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 0-2=12-7	6	
5. FEI Number		Applied For
,	x	Not Applicable

CERTIFICATE OF STATUS DESIRED

0.52	329	34-1118	USA			lor a Certific	cate or Stati
		7. Name and A	Address of Current	Registered Agent	A CHOC	103156144	=
Name Paul	Lassonde			, , , , ,	-{	33/03/0001033 ****©57- F (1)*****	-DDS
	Box Numberis Not Acce Via Vittoria	•		CTATEN		98-00 18	2
Suite, Apt. #, Etc.		-	LW HER	STATEN			
City			-		State	Zip Code	
Merritt	Island				FL	32953	_1

Signature of Registered		Date \$110 100 ·	
9. Name	s 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
Dir	Brian Allen	2585 Via Vittoria Ct	Merritt Island, FL 32953
Dir.	Tim Kelly:	2510 Via Vittoria Ct	Merritt Island, FL 32953
Dir	Sarah Fellows	2520 Via Vittoria Ct	Merritt Island, FL 32953
Dir	Paul Lassonde	2580 Via Vittoria Ct	Merritt Island, FL 32953
Dir	Robert Arthur	2545 Via Milano Ct	Merritt Island, FL 32953
Dir	Kristyn McClannahan	406 Via Valencia Ct	Merritt Island, FL 32953

8. I, being appointed the registered agent of the above pamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

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 filling 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

2/10/00

321 452-1494

Date

Daytime Phone #