PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 DEC -4 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735311

1. Corporation Name

VILLAS ESCONDIDO CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address	3. Mailing Office Address
3680 BARNA AVE	3680 BARNA AVE
Suite, Apt. #, etc.: UNIT 106	Suite, Apt. #, etc.: UNIT 106
City & State: TITUSVILLE, FL.	City & State: TITUSVILLE, FL.
Zip: 32780 Country: U.S.A.	Zip: 32780 Country: U.S.A.

04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 3/17/1976

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: TODD REDDICK

100092465981
12/12/06--01017--022 **358.75

Street Address (P.O. Box Number is Not Acceptable): 3680 BARNA AVE

Suite, Apt. #, Etc.: UNIT 106

City: TITUSVILLE State: FL Zip Code: 32780

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: [signature] Date: 11-28-06

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	GRAHAM COCHRANE	7927 FOXE DRIVE	NIAGARA FALLS, ON. L2H 1Y5
V/P	DOUG RICE	27 FORESTVIEW DRIVE	DUNDAS, ON. L9H 6M9
SEC	ANN MAMBELLA	8 FERNWOOD TERRACE	ST. CATHARINES, ON. L2T 3H5
DIR.	COLLEEN FOX	20 BAIF BLVD	RICHMOND HILL, ON. L4C 8T1
DIR	ELMO SCHAEFER	3650 BARNA AVE, UNIT 219	TITUSVILLE, FL 32780
TR/DIR.	FRANK D'AMELIO	11 MARMORA ST	ST CATHARINES, ON. L2P 3B7

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] 11/27/06 716-879-7463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #