
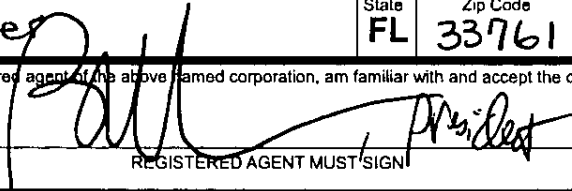
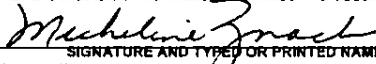


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  12 DEC 27 AM 9:07  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # 738345</b>				
1. Corporation Name <b>Villas Capri Association, Inc.</b>				
2. Principal Office Address - No P.O. Box # <b>7300 Park Street</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <b>7300 Park Street</b> <small>Suite, Apt. #, etc.</small>		
City & State <b>Seminole, FL</b>		City & State <b>Seminole, FL</b>		
Zip <b>33777</b>	Country <b>USA</b>	Zip <b>33777</b>	Country <b>USA</b>	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number <b>59-1794536</b>		
6. CERTIFICATE OF STATUS DESIRED		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>		
7. Name and Address of Current Registered Agent <b>Robin Parker, P.A.</b> <b>28163 US HWY 19 North</b> <b>Suite 207</b> <b>Clearwater</b>		8.75 Additional Fee required for a Certificate of Status  <b>DEC 28 2012</b> <b>T. SCOTT</b> <b>300243092363</b> <b>12/27/12--01032--017 **236.25</b> <b>300243092363</b>		
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  <b>President</b> Date <b>12/21/12</b> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>				
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	Micheline Znack	7300 Park Street	Seminole, FL 33777	
VP	Josie Ebbert	7300 Park Street	Seminole, FL 33777	
S	Shirley George	7300 Park Street	Seminole, FL 33777	
T	Dottie Vitrone	7300 Park Street	Seminole, FL 33777	
D	August Holderried	7300 Park Street	Seminole, FL 33777	
D	Jean Kazen	7300 Park Street	Seminole, FL 33777	
10. E-mail Address: <b>AMUNDY@RESOURCEPROPERTYMGMT.COM</b> <small>(To be used for future annual report notification)</small>				
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:  <b>Micheline Znack</b> <b>Dec 14 2012</b> <div style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div>				