

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 24 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-07
CR2E081 (1/07)

DOCUMENT # 739676

1. Corporation Name

Villa Grande II Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #
1106 SE 46th Street

3. Mailing Office Address
1106 SE 46th Street

Suite, Apt. #, etc.
Apt. # 103

Suite, Apt. #, etc.
Apt. # 103

City & State
Cape Coral, FL

City & State
Cape Coral, FL

Zip Country
33904 USA

Zip Country
33904 USA

4. Date Incorporated or Qualified To Do Business in Florida 1977

5. FEI Number
592041053

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
Dan Daly

Street Address (P.O. Box Number is Not Acceptable)
1106 SE 46th Street

Suite, Apt. #, Etc.
Apt. # 103

City
Cape Coral

State Zip Code
FL 33904

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Daniel Daly

Date 9-18-07

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
P	Dan Daly	1106 SE 46th Street, Apt.# 103	Cape Coral, FL 33904
S/T	Katherine Daly	1106 SE 46th Street, Apt.# 103	Cape Coral, FL 33904
	<u>7/9/26</u>		

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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: Daniel Daly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-18-07 239 549 1639

Date Daytime Phone #