

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 DEC 23 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746071

1. Corporation Name

VILLAS BY-THE-SEA, INC.

W09-53147

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

137 SHERIDAN AVENUE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

Zip

32750

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

THOMAS FARMER

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

137 SHERIDAN AVENUE

Suite, Apt. #, Etc.

City

LONGWOOD

State

FL

Zip Code

32750

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

Thomas Farmer

REGISTERED AGENT MUST SIGN

Date 12-5-09

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.	MARTHA SMITH	5250 N. OCEAN DR #4W	SINGER ISLAND, FL 33404
VP	MANDEEP GAREWAL	2 SPANISH PINE WAY	ORMOND, FL 33067
SEC.	ROBERT SKOG	3805 S. ATLANTIC AV #5	DAYTONA BCH SHORES, FL 32118
TREAS.	THOMAS FARMER	137 SHERIDAN AVE	LONGWOOD, FL 32750
		\$12/24	

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:

Thomas Farmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-5-09

Date

407-739-8722

Daytime Phone #

700163365247
12/23/09--01034--020 **70.00

700163365247
12/07/09--01016--001 **857.50

CR2E081 (12/08)

REINSTATEMENT 95-09
4. Date when corporation qualified to do business in Florida 11/28/1978

5. FEI Number
59-2267163

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status