READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED
98 NOV 10 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750125

1. Corporation Name
VILLA MADEIRA CONDOMINIUM ASSOCIATION, INC

Mailing Address
c/o PROFESSIONAL CONDO CONCEPTS, INC.
2181 Indian Rocks Rd. S, Suite 1
Largo, FL 33774

Principal Place of Business
SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 98
DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable
As above
Suite, Apt. #, etc.
City & State
Zip | Country
Pinellas

3. New Principal Office Address, If Applicable
As above
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida
12-10-79

5. FEI Number
59-2222487
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Brock Langley	c/o Professional Condo Concepts, Inc 2181 Indian Rocks Rd. S, # 1	Largo, FL
VPD	Patsy Carby	"	
TRD	Beverly Johnson	"	200000288742 D -11/17/98--01068--007 ****236.25 ****236.25
SECD	Amelia Rinaldi	"	
D	Vincent Vitrano	"	
D	Bernie Cimino	"	$61 11/13

8. Name and Address of Current Registered Agent

Unknown

9. Name and Address of New Registered Agent

Name: Nicola McConnell
Street Address (P.O. Box Number is Not Acceptable): 2181 Indian Rocks Rd S, Suite 1
Suite, Apt. #, Etc.:
City: Largo | State: FL | Zip Code: 33774

CR2E040 (6/94)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Nicola McConnell — Date: 11-6-98
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Beverly S. Johnson — 11-6-98 — (727) 584-6695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #