

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JUL 30 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 451023

1. Corporation Name.

Villa Bay Vista Owners Association, Inc.

900039739159  
07/30/04--01069--002 \*\*61.25

2. Principal Office Address

2016 Bay Drive

Suite, Apt. #, etc.

3. Mailing Office Address

1380 N.E. Miami Gardens Dr

Suite, Apt. #, etc.

# 125

City & State

Miami Beach, FL 33141

City & State

N. Miami, FL

Zip

33141

Country

USA

Zip

33179

Country

USA

900039739159  
07/30/04--01069--001 \*\*1583.75

**REINSTATEMENT 81-04**

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

Dennis Eisinger, Esq.

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

4000 Hollywood Blvd.

Suite, Apt. #, Etc.

Suite 265 South

City

Hollywood, Fla. 33021

State  
**FL**

Zip Code

33021

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]*

REGISTERED AGENT MUST SIGN

Date

7/28/04

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	Cleon Mallet	2016 Bay Dr # 508	Miami Beach, FL 33141
V-P	STEVEN MCNEFF	2016 Bay Dr # 803	Miami Beach, FL 33141
S	NATALIA PAZ	2016 Bay Dr # 502	Miami Beach, FL 33141
T	JOSE RIVERA	2016 Bay Dr # 803	Miami Beach, FL 33141
D		2016 Bay Dr # 405	Miami Beach, FL 33141

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 under section 119.07(3)(i), 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]* J. CLEON MALLÉT

7/14/04

Daytime Phone #

CR2E081 (9/01)