

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

13 MAY 15 AM 9:07

DOCUMENT # 755 424 592351174 12/08/80

1. Corporation Name

EVERGLADES VILLAS CONDOMINIUM  
OWNERS' ASSOCIATION, INC

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

4635 VILABELLA DR.

Suite, Apt. #, etc.

3. Mailing Office Address

4635 VILABELLA DR

Suite, Apt. #, etc.

City & State

SEBRING, FL.

City & State

SEBRING, FL

Zip

33872

Country

USA

Zip

33872

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/08/80

5. FEI Number

59-2351174

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

LARRY LAMPARSKI

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

4635 VILABELLA DR.

Suite, Apt. #, Etc.

City

SEBRING

State

FL

Zip Code

33872

100247955011  
05/15/13--01017--005 \*\*420.00

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

*Larry Lamparski*  
REGISTERED AGENT MUST SIGN

Date 5/10/13

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	CYNTHIA BETHE	4637 VILABELLA DR	SEBRING, FL. 33872
TREAS	LARRY LAMPARSKI	4635 VILABELLA DR	SEBRING FL. 33872
D	FRANK PYTLOWANY	3500 PEUGEOT ST.	SEBRING FL. 33872

MAY 15 2013

REINSTATEMENT R. HUNT

10. E-mail Address: N/A NOTIFY & SEND FORM BY MAIL

(To be used for future annual report notification)

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:

*Larry Lamparski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/13

863-382-7528  
Daytime Phone # OR

586-978-8738