

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017-2018 RA

DOCUMENT # 757754

1. Corporation Name

VENETIAN VILLAS UNIT OWNERS' ASSOCIATION, INC.

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

105 QUAY ASSISI

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH

Zip

32169

Country

U.S.

3. Mailing Office Address

P.O. BOX 661

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH

Zip

32170

Country

U.S.

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CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1981

5. FEI Number

57-2749530

☐ 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

JEFF BLOCKER

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

6132 JASMINE VINE DR

Suite, Apt. #, Etc.

City

PORT ORAGNE

State

FL

Zip Code

32128

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

REGISTERED AGENT MUST SIGN

Date 01/25/2018

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
PD	VIVIAN PEACOCK	148 Breezeway Ct	New Smyrna Beach, FL 32169
VPD	GREG HOWARD	133 Lagoon Ct	New Smyrna Beach, FL 32169
SD	MARIO BORELLI	56 Groff St	Kingston, NY 12401
D	ALICE BURROWS	129 Lagoon Ct	New Smyrna Beach, FL 32169

10. E-mail Address: jeff@blockerrealty.com

(To be used for future annual report notification)

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:

01/25/2018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #