

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 10 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758954

1. Corporation Name

University Villas Homeowners Association, Inc.

2. Principal Office Address

7915 Southwest Terrace

Suite, Apt. #, etc.

SUITE A

City & State

Miami, FL

Zip

33155

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

5/2/03 90192 001-150.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/29/1981

5. FEI Number

592121564

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

Active Real Estate Management Associates, Inc. / Helen Borges

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

7915 Southwest Terrace

Suite, Apt. #, Etc.

SUITE A

City

Miami

State

FL

Zip Code

33155

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

October 26, 2004

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	Ada Prieto	2470 Southwest 108 th Place	Miami, FL 33155
S	Gloria Alvarez	10880 Southwest 24 th Place	Miami, FL 33155
T	Sylvia Losa	10876 Southwest 24 th Terrace	Miami, FL 33155

500042348085
11/01/04--01016--017 **147.50

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/04

Date

786-388-8179

Daytime Phone #

ACTIVE REAL ESTATE MANAGEMENT ASSOCIATES, INC.

7915 Southwest 17 Terrace, Suite A
Miami, Florida 33155
Office: 786-388-8179 Facsimile: 786-388-8335
E-mail: activemgt@bellsouth.net

2012

October 27, 2004

Florida Department of State
Division of Corporations
Amendment Section
P.O. BOX 6327
Tallahassee, FL 32314

Re: University Villas HOA, Inc.

Gentlemen:

Attached please find the following documents for the above referenced homeowner's association.

1. Cover Letter to Amendment Section
2. Corporation Reinstatement
3. Statement of Change of Registered Office or Registered Agent

Also, attached please find check number 1079 in the amount of \$147.50 as balance due based on initial amount of \$297.50, for reinstatement of 2002 and 2003 plus change of registered agent fee.

Should you have any questions or need any further information please contact our office.

Sincerely,


Helen Borges, Property Manager

Cc: Board of Directors