

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUN -9 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767526

1. Corporation Name

The Regency Villas Condominium, Incorporated

2. Principal Office Address

312 S.E. 17th Street

Suite, Apt. #, etc.

Second Floor

City & State

Fort Lauderdale, Florida

Zip

33316

Country

USA

3. Mailing Office Address

312 S.E. 17th Street

Suite, Apt. #, etc.

Second Floor

City & State

Fort Lauderdale, Florida

Zip

33316

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 3/17/1983

5. FEI Number

20-1215041

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 88-04

7. Name and Address of Current Registered Agent

Name

Damaso W. Saavedra, Esq.

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

312 S.E. 17th Street

Suite, Apt. #, Etc.

Second Floor

City

Fort Lauderdale

State

FL

Zip Code

33316

300037814053

06/09/04 01075 014 **125.00

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

REGISTERED AGENT MUST SIGN

Date 6/8/2004

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
PD	Damaso W. Saavedra	312 S.E. 17th Street, Second Floor	Fort Lauderdale, Florida 33316
VPD	Blaine Vermeulen	240 Highland Street	Mount Dora, Florida 32757
STD	Lisa K. Hermann	312 S.E. 17th Street, Second Floor	Fort Lauderdale, Florida 33316

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

Date

6/8/04

Daytime Phone #

954-767-6333

CP2E081 (01/04)