

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 16 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005811

1. Corporation Name

BARON DE VILLADAMPA, LTD. CORPORATION

Principal Place of Business

2849 EAGLE LAKE DR.
ORLANDO FL 32837

Mailing Address

2849 EAGLE LAKE DR.
ORLANDO FL 32837

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

434 Kentucky woods Lane
Suite, Apt. #, etc. west

3. New Mailing Office Address, If Applicable

P.O. Box 770 249
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1995

5. FEI Number

59-3351981

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32824

Country

USA

Zip

32822

Country

USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO	VILLACAMPA, ALCIDES A	2849 EAGLE LAKE DR.	ORLANDO FL
V	VILLACAMPA, BONNIE	2849 EAGLE LAKE DR.	ORLANDO FL

100002375761--9
-12/17/97--01110--012
****750.00 ****750.00

REINSTATEMENT 97

52
12-17-97

8. Name and Address of Current Registered Agent

VILLACAMPA, ALCIDES A
2849 EAGLE LAKE DR.
ORLANDO FL 32837

9. Name and Address of New Registered Agent

Name

AL Villacampa

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

434 Kentucky woods Lane west

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32824

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

AL Villacampa

REGISTERED AGENT MUST SIGN

Date 12/15/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

AL Villacampa - Chairman. 12/15/97 (407) 856 8926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (8/97)