

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN -3 PM 5:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J73423

1. Corporation Name

GULF WINDS VILLA DEVELOPMENT CORP.

2. Principal Office Address

444 Brickell Ave, Suite 51

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Office Address

444 Brickell Ave, Suite 51

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33131

Country

USA

REINSTATEMENT 98-041

4. Date Incorporated or Qualified

To Do Business in Florida 05/18/1987

5. FEI Number

59-2810399

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

CARLOS MENDEZ

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

444 Brickell Ave, Suite 51

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

400043813604
01/03/05--01052--015 ***1650.00

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

Carlos Mendez

Date 12/27/2004

REGISTERED AGENT MUST SIGN

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/S/D	CARLOS MENDEZ	444 Brickell Ave, Suite 51	Miami, FL 33131

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:

Carlos Mendez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-27-04 305 331-8642

Date

Daytime Phone #

CR2E081 (01/04)