

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # K87368

1. Corporation Name

VINOY VILLAS I, INC.

Principal Place of Business

555 FIFTH AVENUE N.E.  
ST. PETERSBURG FL 33701

Mailing Address

555 FIFTH AVENUE N.E.  
ST. PETERSBURG FL 33701

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

2. New Principal Office Address, If Applicable 222 2nd Street No.		3. New Mailing Office Address, If Applicable 222 2nd Street No.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St Petersburg FL		City & State St Petersburg FL	
Zip 33701	Country Pinellas	Zip 33701	Country Pinellas

REINSTATEMENT 98

4. Date Incorporated or Qualified To Do Business in Florida 05/03/1989	5. FEI Number 59-2957194	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

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
(X) GUEST, FREDERICK E., II		555 FIFTH AVE N.E. 222 2nd Street No.	ST. PETERSBURG FL 33701
(STE/P) MCLAUGHLIN, CRAIG W.		555 FIFTH AVE N.E. 222 2nd Street No.	ST. PETERSBURG FL 33701

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-12/04/98--01076--017  
\*\*\*758.75 \*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HIGGINS, JOHN P.  
1 PROGRESS PLAZA  
SUITE 2300  
ST PETERSBURG FL 33701

Name  
Street Address (P.O. Box Number is Not Acceptable)  
One TROPICANA DRIVE  
Suite, Apt. #, Etc.

City St. Petersburg State FL Zip Code 33705

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  REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11-25-98

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:  REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/98 (727) 824-5178  
Date Daytime Phone #  
X 28