

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL 14 AM 10:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L03000055606

1. Corporation Name

Villa Dixie, LLC

2. Principal Office Address - No P.O. Box #

976 Lake Baldwin Lane

Suite, Apt. #, etc.

101

City & State

Orlando, FL

Zip

32828

Country

USA

3. Mailing Office Address

976 Lake Baldwin Lane

Suite, Apt. #, etc.

101

City & State

Orlando, FL

Zip

32828

Country

USA

900158423899
07/13/09--01066--009 **450.00

CR2E081 (12/08)

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

12/18/2003

5. FEI Number
35-2223376

☐ 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

Keith A. Graham

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

976 Lake Baldwin Lane

Suite, Apt. #, Etc.

101

City

Orlando

State

FL

Zip Code

32828

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Keith A. Graham

REGISTERED AGENT MUST SIGN

Date July 6, 2009

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
MGRM	Jolynn Graham	P.O. Box 339	Killarney, FL 34740
MGRM	Nancy Marchena	8535 Chickasaw Farms Lane	Orlando, FL 32825
MGRM	Florida Cable, Inc.	23505 State Road 40	Astor, FL 32102

REINSTATEMENT 07-09

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 contained in Chapter 119, 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:

Nancy Marchena

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/09

Date

Daytime Phone #

N. O. S. S.

JUL 15 2009