

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L92584**

1. Corporation Name

VILLEGAS ENTERPRISES, INC.

FILED

99 NOV -9 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6782 NORTHWEST 169TH STREET
MIAMI FL 33015

6782 NORTHWEST 169TH STREET
MIAMI FL 33015

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0211582

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	VILLEGAS, RICHARD GREG.	17634 NW 62ND PLACE, N.	MIAMI FL
STD	VILLEGAS, CHERI LYNN	17634 NW 62ND PLACE, N.	MIAMI FL

000003053340--0
-11/23/99--01067--018
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VILLEGAS, RICHARD E
6780 N.W. 169TH ST.
MIAMI FL 33015

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Cheri Villegas

REGISTERED AGENT MUST SIGN

Date 10-19-99

11. 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:

Cheri Villegas *Cheri Villegas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-99
Date

305 886-9453
Daytime Phone #

CR2040 (6/99)

(2)

To Whom this may Concern,
I have called several times for this annual report
I wrote you a letter explaining I never received a annual report this
year. I had the same problem last year. I received a 1st notice
but never the 1st notice. The same thing has happened again this
year but I never received 1st or 2nd. My accountant is the one
who brought it to my attention & gave me the number to call
to find out the problem. When I called 850-485-9200 I talked to
Cherry & was told to send 150.00 Check & a letter explaining
the first document was never received. I went through my

Check book for a whole year & I never found where
the Check was written. Everything I receive documents in
the mail I send a Check immediately. I can assure you
nothing was ever received. Could you please accept
my Check & reinstate my report. I will be on top
of this next year to make sure this never happens
again.

Thank you for your
Consideration

Cheri Villages

305 836-9453