PLEASE READ ALL INSTRUCTIONS BEFORE COMP[illegible]

CORPORATION REINSTATEMENT

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

FILED
04 SEP -3 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000000750

1. Corporation Name
Villas at Palm Springs Homeowner's Association, Inc

7-20-04 01027 017 61.25
10-9-03 01064 032 236.25

2. Principal Office Address	3. Mailing Office Address
	P.O. Box 24-3399
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Boynton Beach, Fl.
Zip / Country	Zip: 33424-3399 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 2/1/01

5. FEI Number: 59-6754652 ☐ 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: Vicki Feicht
400040809704
09/03/04--01050--002 **61 25

Street Address (P.O. Box Number Is Not Acceptable): 1375 Gateway Blvd

Suite, Apt. #, Etc.: 0304

City: Boynton Beach | State: FL | Zip Code: 33426

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: Vicki M Feicht — Date: 8/6/04
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PD	Michael Dazzo	392 N. Palm Villas Way	Palm Springs, Fl. 33461
SD	Mercedes Fanego	160 S. Palm Villas Way	Palm Springs, Fl. 33461
TD	Barbara Reynolds	3604 N. Palm Villas Way	Palm Springs, Fl. 33461

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: [signature] — 8-24-04 — 561-827-6381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #