

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N01000002360

1. Corporation Name

VILLAS DI MARINO I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

VEGA BROWN STANLEY & BURKE, P.A.  
2660 AIRPORT ROAD SOUTH  
NAPLES FL 34112

VEGA BROWN STANLEY & BURKE, P.A.  
2660 AIRPORT ROAD SOUTH  
NAPLES FL 34112

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/30/2001

5. FEI Number-

NOT APPLICABLE

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MARINO, BRIAN D	21W420 THORNDALE AVENUE	MEDINAH IL 60157
T	MARINO, PETER T	21W420 THORNDALE AVENUE	MEDINAH IL 60157
T	MARINO, PATRICK T	21W420 THORNDALE AVENUE	MEDINAH IL 60157

100024509881  
11/07/03 01055 006 \*\*61.25

8. Name and Address of Current Registered Agent

BURKE, CONSTANCE M  
VEGA BROWN STANLEY & BURKE, P.A.  
2660 AIRPORT ROAD SOUTH  
NAPLES FL 34112

9. Name and Address of New Registered Agent

Name Villas Di Marino I JOHN STANLEY  
Street Address (P.O. Box Number is Not Acceptable)  
21W420 Thorndale Ave 2660 Airport Rd S  
Suite, Apt. #, Etc.  
City Naples State FL Zip Code 34112

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

11/3/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patrick Marino 04/10-25-03 630-893-4455

CR2E040 (7/03)

***Villas Di Marino I Condominium Association, Inc.***

*21W420 Thorndale Ave  
Medinah, IL 60157 (630) 893 4454*

October 27, 2003

Division of Corporations  
Annual Report / Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

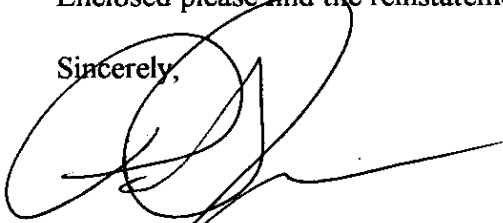
Re: Waiver of Reinstatement fee Doc #N01000002360

Dear Sir or Madam,

Please waive the penalty for the reinstatement of the Villas Di Marino I Condominium Association, Inc., Doc #N01000002360. We did not receive the two prior uniform business report notices.

Enclosed please find the reinstatement application and a check in the amount of \$61.25.

Sincerely,

A handwritten signature in black ink, appearing to be 'Patrick Marino', written over a large, loopy circular flourish.

Patrick Marino  
Officer