

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 MAR -5 AM 6:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 002000002330

**1. Corporation Name**

Penn Estates Villas Condominium Association, Inc.

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

450 Bayfront Place

Suite, Apt. #, etc.

#4510

City & State

Naples, Florida

Zip

34102

Country

USA

**3. Mailing Office Address**

450 Bayfront Place

Suite, Apt. #, etc.

#4510

City & State

Naples, Florida

Zip

34102

Country

USA

REINSTATEMENT 06-08

CR2E081 (12/07)

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

03/29/2002

**5. FEI Number**

343007464

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

Nadia Silber

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

450 Bayfront Place

Suite, Apt. #, Etc.

#4510

City

Naples

State

FL

Zip Code

34102

☐ 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

Date February 27, 2008

REGISTERED AGENT MUST SIGN

**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
PSTD	Nadia Silber	450 Bayfront Place #4510	Naples, Florida 34102
D	Nadia Jane Silber	249 Glenview Dr.	San Francisco California 94131
D	Gruka A. Dimior	450 Bayfront Pl #4510	Naples, FL 34102

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**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:

Nadia Silber

02/27/08

(239) 695-9195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20 3/10