

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N02000003483**

1. Corporation Name

Riviera Beach Villas Owners Association, Inc.

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

21504 Front Beach Road

Suite, Apt. #, etc.

Unit 5

City & State

Panama City Beach, FL

Zip

32413

Country

US

3. Mailing Office Address

21504 Front Beach Road

Suite, Apt. #, etc.

Unit 7

City & State

Panama City Beach, FL

Zip

32413

Country

US

**7. Name and Address of Current Registered Agent**

Name

Linda Hood

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

21504 Front Beach Road

Suite, Apt. #, Etc.

Unit 7

City

Panama City Beach

State

FL

Zip Code

32413

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

REGISTERED AGENT MUST SIGN

Date **02-17-2010**

**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
President	Claudia Biglione	21504 Front Beach Rd Unit 5	Panama City Beach, FL 32413
Secretary	Linda Hood	21504 Front Beach Rd Unit 7	Panama City Beach, FL 32413
Treasurer	Linda Hood	21504 Front Beach Rd Unit 7	Panama City Beach, FL 32413

10. E-mail Address: alagrand@bellsouth.net

(To be used for future annual report notification)

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, I further certify, 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:

Linda Hood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-17-10

Date

205-601-1100

Daytime Phone #

FILED

10 FEB 19 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

800170052428

02/22/10--01006--011 \*\*428.75

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

L05-03-2002

5. FEI Number  
20-1064828

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.

02/22