

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT -9 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000005583

1. Corporation Name

Casa Bella of Vero Beach Home Owners ' Association, Inc.

2. Principal Office Address

848 Brickell Avenue

Suite, Apt. #, etc.

810

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Office Address

848 Brickell Avenue

Suite, Apt. #, etc.

810

City & State

Miami, Florida

Zip

33131

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

54-2103912

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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10/09/03--01049--024 **236.25

7. Name and Address of Current Registered Agent

Name

Caldwell William W

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

756 Beachland Boulevard

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32963

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

W. W. Caldwell
REGISTERED AGENT MUST SIGN

Date

10/8/03

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
D	Franco D'Agostino	848 Brckell Avenue, #810	Miami, Florida 33131
O	Luis Lamar	848 Brckell Avenue, #810	Miami, Florida 33131
O	Doris Myers	848 Brckell Avenue, #810	Miami, Florida 33131

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:

Luis Lamar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis Lamar

10/7/2003

Date

305-377-8333

Daytime Phone #

CR2E081 (10/02)