
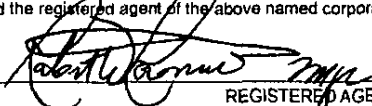
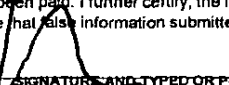


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2014-2015		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N03000001904			
1. Corporation Name VILLAGES AT STELLA MARIS CONDOMINIUM ASSOCIATION 2200, INC			
2. Principal Office Address - No P.O. Box # 815 Bald Eagle Dr. Suite, Apt. #, etc. 201 City & State MARCO ISLAND, FL Zip 34145 Country USA		3. Mailing Office Address 815 Bald Eagle Dr. Suite, Apt. #, etc. 201 City & State MARCO ISLAND, FL Zip 34145 Country USA	
7. Name and Address of Current Registered Agent Name Robert Rosenow Street Address (P.O. Box Number is Not Acceptable) 815 BALD EAGLE DR. Suite, Apt. #, Etc. 201 City MARCO ISLAND State FL Zip Code 34145		4. Date Incorporated or Qualified To Do Business in Florida MARCH 4, 2003 5. FEI Number 900225306 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
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 Jan 22, 2015			
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
P	RICARDO OLIVA	1031 NW 185th Ave	Pembroke Pines, FL 33029
S/T	FRANK LEE	175 LANTERN LANE	PLAIN CITY, OH 43064
D	RICHARD READER	275 CAYS DR. #2208	NAPLES, FL 34114
10. E-mail Address: JCARR@RESORTGROUPINC.COM (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., and 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. I am aware that false information submitted on a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RICARDO OLIVA Date 1/28/14 786 325 6261	

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