

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG -9 PM 4:48

DOCUMENT # N04000006895

1. Corporation Name

Casa Victoria Homeowner's Association, Inc.

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

836 N. Victoria Park Road

Suite, Apt. #, etc.

3. Mailing Office Address

2947 E. California Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

City & State

Walnut Park, California

Zip

33304

Country

US

Zip

90255

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/2004

5. FEI Number
202765181

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (6/10)

200184168082
08/09/10--01055--009 **490.00

7. Name and Address of Current Registered Agent

Name

Carlos J. Reyes

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

836 N. Victoria Park Road

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33304

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

Carlos J. Reyes

REGISTERED AGENT MUST SIGN

Date 8/1/10

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
V	Carlos J. Reyes	836 N. Victoria Park Road	Fort Lauderdale, Florida 33304
M	Kim M. Carter	836 N. Victoria Park Road	Fort Lauderdale, Florida 33304

REINSTATEMENT

06-10
8/9/10

10. E-mail Address: carter_kimm@msn.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., 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:

Carlos J. Reyes, Carlos J. Reyes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/01/2010 213-591-2002

Date

Daytime Phone #