

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 MAY 11 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04513

1. Corporation Name
Villas De Cancun Condominium
Association Inc., a Florida
non profit

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

10851 SW 6th Street

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Same

Zip

33174

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-15-02 01078 004 \$ 61.25

CR2E081 (1/07)

REINSTATEMENT

8-2-1984

5. FEI Number

65-0322710

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 Candido Fraga

Street Address (P.O. Box Number is Not Acceptable)
10851 SW 6th Street

Suite, Apt. #, Etc.

City
Miami

State

FL

Zip Code

33174

☐ 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

Candido Fraga

REGISTERED AGENT MUST SIGN

Date 4-26-07

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	Candido Fraga	10851 SW 6 th Street	Miami, FL 33174
V	Olinda Xiomara Gonzalez	10833 SW 6 th Street	Miami, FL 33174
T	Noelia Perez	10813 SW 6 th Street	Miami, FL 33174

800103222488
05/24/07--01059--013 **490.00

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: Candido Fraga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-07
Date Daytime Phone #

B. Mitchell MAY 11 2007