

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 25 AM 8:52

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *08-10*

900170574089
02/25/10--01037--009 **122.50
CR2E081 (11/09)

DOCUMENT # N05000001628

1. Corporation Name

Villamore Condominium Association, Inc.

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

6011 West 24 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 161077

Suite, Apt. #, etc.

City & State

Hialeah, FL.

City & State

Hialeah, FL.

Zip

33016

Country

Zip

33016

Country

4. Date incorporated or Qualified
To Do Business in Florida

02/16/2005

5. FEI Number

202366287

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.

7. Name and Address of Current Registered Agent

Name

Advax Property Management

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

2530 West 78 Street

Suite, Apt. #, Etc.

Bay # 2

City

Hialeah

State

FL

Zip Code

33016

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

Date 02/20/2010

REGISTERED AGENT MUST SIGN

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	Delgado, Publio	6011 W. 24 Ave	Hialeah, FL. 33016
T	Jimenez, Randall	6041 W. 24 Ave	Hialeah, FL. 33016
S	Lopez, Lydia	14411 Dade Pine Ave	Miami Lakes, Fl. 33014
		M. MILLIGAN EXAMINER	
		MAR - 9 2010	

3/10/08 90058 035-61.25

10. E-mail Address: lloeline@yahoo.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/2010 305-619-2505

Date

Daytime Phone #