

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000002683

1. Corporation Name

Villa Vizcaya 1st Addition Homeowners Association of Santa Rosa County, Florida, Inc.

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

1783 Ravenna Dr.

Suite, Apt. #, etc.

City & State

Navarre, FL

Zip

32566

Country

Santa Rosa

3. Mailing Office Address

1783 Ravenna Dr.

Suite, Apt. #, etc.

City & State

Navarre, FL

Zip

32566

Country

Santa Rosa

**4. Date Incorporated or Qualified
To Do Business in Florida**

03-09-2005

5. FEI Number

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

Rex F. Marshall

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

1783 Ravenna Dr.

Suite, Apt. #, Etc.

City

Navarre

State

FL

Zip Code

32566

☒ 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

Rex F. Marshall

REGISTERED AGENT MUST SIGN

Date 03-15-2010

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
Pres.	Rex F. Marshall	1783 Ravenna Dr.	Navarre, FL 32566
V.P.	Edward Taylor	1771 Ravenna Dr.	Navarre, FL 32566
S/T	John Kepko	1780 Ravenna Dr.	Navarre, FL 32566

10. E-mail Address: rexcal@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

Rex F. Marshall

Rex F. Marshall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-2010 850-396-5705

Date

Daytime Phone #

FILED
10 MAR 17 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/17/10--01039--011 **306.25
REINSTATEMENT
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