

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 SEP 28 AM 10:08

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N05000004506

**1. Corporation Name**

Villa Alivia Condominium Association, Inc.  
714 SW 47th St.  
Cape Coral, FL 33904

200110064082  
09/28/07--01060--001 \*\*122.50

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

714 SW 47th St

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

Country

33904

LEE

**3. Mailing Office Address**

1170 W. Devon Ave

Suite, Apt. #, etc.

City & State

Elk Grove Village IL

Zip

Country

60007

COOK

**REINSTATEMENT 06-07**  
CR2E081 (1/07)

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

4-28-05

**5. FEI Number**

26-1136597

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

Harvey Rollings

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

11633 SE 47th Terrace

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

☒ 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

Harvey Rollings

REGISTERED AGENT MUST SIGN

Date 9-27-07

**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
D	Thomas Cirincione	1320 W. Abington Cambs	Lake Forest, IL 60045
D	Benjamin Cirincione	1320 W. Abington Cambs	Lake Forest, IL 60045
D	Harvey Rollings	11633 SE 47th Ter	Cape Coral, FL 33904
	7/10/3		

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-27-07

Date

847-738-1350

Daytime Phone #