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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11,10)

DOCUMENT # N05000005794

1. Corporation Name

VILLAGIO COMMUNITY ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2180 WEST SR 434	2180 WEST SR 434
Suite, Apt. #, etc. SUITE 5000	Suite, Apt. #, etc. SUITE 5000
City & State LONGWOOD, FL	City & State LONGWOOD, FL
Zip 32779-5044 Country US	Zip 32779-5044 Country US

4. Date Incorporated or Qualified To Do Business in Florida: 6/3/2005

5. FEI Number: 208178791 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: YES ($5.00 Additional Fee Required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: LSEB AGENT SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 111 N. MAGNOLIA AVENUE

Suite, Apt. #, Etc.: SITE 140

City: ORLANDO State: FL Zip Code: 32801

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 _____ AGENT MUST SIGN — Vice President

Date: SEPT 18, 2014

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
PD	JOSEPH KANTOR	6000 METROWEST BLVD., STE 105	ORLANDO, FL 32835
STD	FANNY MCNEESE	6000 METROWEST BLVD., STE 105	ORLANDO, FL 32835
VPD	PHILIP TATICH	341 N. MAITLAND AVE., STE. 340	MAITLAND, FL 32751
			S. HAWKES
	REINSTATEMENT		SEP 18 A.M.
	2009-2014		EXAMINER

10. E-mail Address: GBINKLEY@LSEBLAW.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Joseph Kantor 9/15/2014 407-491-5847

SIGNATURE AND PRINTED NAME OF CURRENT OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT
VILLAGIO COMMUNITY ASSOCIATION, INC.

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