PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 JUN 21 AM 8:07

CORPORATION REINSTATEMENT 2016

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000007546

CR2E001 (11/10)

1. Corporation Name

VILLAGES OF BLOOMINGDALE CONDOMINIUM NO. 8 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, Apt. #, etc.
STE 5000	STE 5000
City & State	City & State
LONGWOOD FL	LONGWOOD FL
Zip / Country	Zip / Country
32779 / USA	32779 / USA

4. Date Incorporated or Qualified To Do Business In Florida
07/22/2005

5. FEI Number
20-3267634
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
SENTRY MANAGEMENT INC

Street Address (P.O. Box Number is Not Acceptable)
2180 WEST SR 434

Suite, Apt. #, etc.
STE 5000

City / State / Zip Code
LONGWOOD / FL / 32779

400287145704
06/21/16--01033--011 **236.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent _____ Date 6/15/16

REGISTERED AGENT MUST SIGN Bradley Pomp, CFO, Sentry Management Inc

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
PRESIDENT	BOB QUINTANA	2180 WEST SR 434 STE 5000	LONGWOOD FL 32779
TREASURER	YENSY LORENZO	2180 WEST SR 434 STE 5000	LONGWOOD FL 32779
SECRETARY	YENSY LORENZO	2180 WEST SR 434 STE 5000	LONGWOOD FL 32779

10. E-mail Address: INFORMATION@SENTRYMGT.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: X _____ Rosendo Quintana BOB Date _____

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR

Daytime Phone #

K ASHTON