

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 JUN 21 AM 8:07

FLORIDA
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 2016		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06000007546

1. Corporation Name

VILLAGES OF BLOOMINGDALE CONDOMINIUM NO. 8 ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box # 2180 WEST SR 434 Suite, Apt. #, etc. STE 5000 City & State LONGWOOD FL Zip 32779 Country USA		3. Mailing Office Address 2180 WEST SR 434 Suite, Apt. #, etc. STE 5000 City & State LONGWOOD FL Zip 32779 Country USA	
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CR2E001 (11/10)

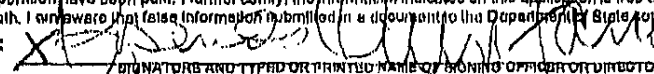
4. Date incorporated or qualified To do business in Florida 07/22/2005		Applied For ☐ Not Applicable
5. FEI Number 20-3267634		
6. CERTIFICATE OF STATUS DESIRED		60.75. Additional Fee required for a Certificate of Status

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 LONGWOOD State FL Zip Code 32779	
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 817.0603, F.S.	
Signature of Registered Agent 	Date 6/15/16 REGISTERED AGENT MUST SIGN Bradley Pong, CEO, Sentry Management Inc

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Director	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 authorized to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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.817.166, F.S.	
SIGNATURE: 	Bob Quintana Date _____ City/State/Phone # _____

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