

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
10 APR 28 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N06000000 797**

1. Corporation Name

**PARK VILLAS CONDOMINIUM ASSOCIATION,  
INC.**

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

**435 81st STREET**

Suite, Apt. #, etc.

**OFFICE #2**

City & State

**MIAMI BEACH, FL**

Zip

**33139**

Country

**US**

3. Mailing Office Address

**435 81st STREET**

Suite, Apt. #, etc.

**OFFICE 2**

City & State

**MIAMI BEACH, FL**

Zip

**33139**

Country

**US**

**000178574830**  
04/29/10--01007--012 \*\*367.50

**REINSTATEMENT 08-10**  
CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**1/25/2006**

5. FEI Number

**27-0648929**

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

**CLAUDIO BENEDETTI**

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

**435 81st STREET OFFICE**

Suite, Apt. #, Etc.

**OFFICE 2**

City

**MIAMI BEACH**

State

**FL**

Zip Code

**33139**

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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

*[Signature]*

Date **4/27/10**

REGISTERED AGENT MUST SIGN

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	CLAUDIO BENEDETTI	435 81st STREET	MIAMI BEACH, FL 33139
DST	ELEONORA DEPALMA	435 81st STREET	MIAMI BEACH, FL 33139
SD	LORENA OROZCO	435 81st STREET	MIAMI BEACH, FL 33139

10. E-mail Address: **C. BENEDETTI@ANTECITYMIAMI.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:

*[Signature]*

**CLAUDIO BENEDETTI PD**

Date

**04/27/10 786 390 31 77**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #