

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

09 APR 28 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N06000000909

1. Corporation Name

Raintree at Villa Park Condominium Assoc. Inc.

2. Principal Office Address - No P.O. Box #  
2797 St. Andrews Blvd.

3. Mailing Office Address  
2797 St. Andrews Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Tarpon Springs, FL

Zip

34688

Country

Zip

34688

Country

400150715624  
04/16/09--01048--010 \*\*122.50  
**REINSTATEMENT** 07-09

4. Date Incorporated or Qualified To Do Business in Florida 1/25/2006

5. FEI Number

Applied for

☒ 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

Robert L. Tinkel, Esquire

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

1022 Main Street

Suite, Apt. #, Etc.

Suite D

City

Dunedin

State

FL

Zip Code

34698-5333

☒ 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

REGISTERED AGENT MUST SIGN

Date

4/14/09

**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       |
|--------|-----------------------------------|--|--------------------------|
| Pres.  | Naresh C. Jain                    | 2797 St. Andrews Blvd.                         | Tarpon Springs, FL 34688 |
| Sec.   | Nelia Jain                        | 2797 St. Andrews Blvd.                         | Tarpon Springs, FL 34688 |
| Treas. | Kunal Jain                        | 2797 St. Andrews Blvd.                         | Tarpon Springs, FL 34688 |
|        |                                   |  |                          |
|        |                                   |  |                          |
|        |                                   |  |                          |

400150715624  
04/29/09--01007--005 \*\*70.00

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:

*Naresh C Jain*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-09 727-434-6201

Date

Daytime Phone #

*4/29/09*