

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 26 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000003770

1. Corporation Name

Villa Congress Condominium Association, Inc.

2. Principal Office Address

1315 SW 47th Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

415 Cape Coral Parkway

Suite, Apt. #, etc.

Suite #3

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33914

Country

USA

Zip

33914

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/2004

5. FEI Number

None

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

Jennifer Gonring

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

415 Cape Coral Parkway

Suite, Apt. #, Etc.

Suite #3

City

Cape Coral

State

FL

Zip Code

33914

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]

REGISTERED AGENT MUST SIGN

Date

4/4/06

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
P/D	Russ Cohen	523 E. Second Street	Moorestown, NJ 08057
S/T/D	Demot Keogh	1315 SW 47th Terrace, Unit 101	Cape Coral, FL 33914
VP/D	Wayne Herbes	1315 SW 47th Terrace, Unit 112	Cape Coral, FL 33914

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:

[Signature] Russ COHEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/06

Date

856-986-8700

Daytime Phone #