

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2015

15 MAR 20 10 08:45

DOCUMENT # NO6000003916

1. Corporation Name

VILLA VERDE CONDO ASSOC

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

8660 Astronaut Blvd

Suite, Apt. #, etc.

Suite #208

City & State

Cape Canaveral FL

Zip

32920

Country

USA

3. Mailing Office Address

8660 Astronaut Blvd

Suite, Apt. #, etc.

Suite 208

City & State

Cape Canaveral FL

Zip

32920

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

4/7/2006

5. FEI Number

45-1741930

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

Showcase Property Management

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

8660 Astronaut Blvd

Suite, Apt. #, Etc

Suite 208

City

Cape Canaveral

State

FL

Zip Code

32920

200272503052

05/28/15--01029--004 **61.25

200272503052

05/01/15--01027--001 **238.25

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

4/21/15

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	Mark Chaet	98 Spring Lane	Winter Park FL 32789
VP	Rick Call	3500 S. Atlantic Ave #208	Cocoa Beach, FL 32931
ST	Michael Pertree	3500 S. Atlantic Ave #301	Cocoa Beach FL 32931

10. E-mail Address: kgbt1ady@gmail.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:

[Handwritten Signature]

J. MICHAEL PERTREE

4-24-15

407-399-8457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. ASHTON