

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 MAR 14 PM 12:28

DOCUMENT # N06000004668

1. Corporation Name

VIA VENETO AT TREVISO BAY NEIGHBORHOOD ASSOCIATION, INC.

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

10481 SIX MILE CYPRESS PARKWAY

3. Mailing Office Address

10481 SIX MILE CYPRESS PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33966

Country

USA

Zip

33966

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

04/27/2006

5. FEI Number

261398891

☐ 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

CHRISTOPHER J. SHIELDS, ESQ.

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

1833 Hendry Street

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33901

100245663991
03/14/13--01001--003 **297.50

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

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	BURDETT, ANTHONY J.	10481 BEN C. PRATT/SIX MILE CYPRESS PKWY	FORT MYERS, FL 33966
VD	MCMURRAY, DARIN	10481 BEN C. PRATT/SIX MILE CYPRESS PKWY	FORT MYERS, FL 33966
STD	HURST, BRYAN	10481 BEN C. PRATT/SIX MILE CYPRESS PKWY	FORT MYERS, FL 33966

REINSTATEMENT

10
2013, 12, 13

10. E-mail Address: Tony.Burdett@lennar.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-13