

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR -3 AM 9:46

DOCUMENT # N0600000 7666

1. Corporation Name

PRIMA VISTA COMMONS, INC.

4-30-07 90427 037 61 25

CR2E081 (12/07)

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

666 NE DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 111

Suite, Apt. #, etc.

City & State

JENSEN BEACH, FL

City & State

JENSEN BEACH, FL

Zip

34957

Country

USA

Zip

34958

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

56-2664802

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

JAKAB, JOSEPH J

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

Suite, Apt. #, Etc.

666 NE DIXIE HWY

City

JENSEN BEACH

State

FL

Zip Code

34957

☐ 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

Joseph J. Jakab

REGISTERED AGENT MUST SIGN

Date 2-14-08

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	FRISCIA, JOSEPH	459 NW PRIMA VISTA BLVD	PORT ST LUCIE FL 34983
TD	DOWNING, MELINDA	4740 JORGENSEN RD	FT. PIERCE, FL 34981
SD	KURUVILLA, ROHIT	10765 OAK MEADOW LANE	LAKE WORTH, FL 33449

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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:

Melinda Downing

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08 (772) 225-5058

Date

Daytime Phone #