

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 OCT -1 AM 7:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N06000013132**

1. Corporation Name

**MICHLOE VILLAS II CONDOMINIUM ASSOCIAT**

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

909 NE 23RD DRIVE

3. Mailing Office Address

945 SOUTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MAIN BUILDING

City & State

WILTON MANOR, FLORIDA

City & State

DANIA BEACH, FLORIDA

Zip

33305

Country

US

Zip

33004

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

12/28/2006

5. FEI Number

26-2283335

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

S3 ASSOCIATION MANAGEMENT, LLC

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

945 SOUTH FEDERAL HIGHWAY

Suite, Apt. #, Etc.

MAIN BUILDING

City

DANIA BEACH

State

FL

Zip Code

33004

☒ 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 9-1-09

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
PVPS	CHLOE SAGARO	945 SOUTH FEDERAL HIGHWAY	DANIA BEACH, FLA. 33004

**REINSTATEMENT**

**RH**

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:**

Chloe Sagaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 1, 2009 786-378-5836

Date

Daytime Phone #