

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 MAY 15 AM 8: 36

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~N8476~~ **N08476**
1. Corporation Name
SOMERSET VILLAS ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box # 219 Somerset Circle N		3. Mailing Office Address P.O. BOX 2543	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Dunedin		City & State Dunedin	
Zip 34698	Country USA	Zip 34697	Country USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
April 1, 1985

5. FEI Number
592568694

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
Dominick Rocco

Street Address (P.O. Box Number is Not Acceptable)
219 Somerset Circle N

Suite, Apt. #, Etc.

City
Dunedin

State
FL

Zip Code
34698

800247955538
05/15/13--01017--008 **796.25

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 *Dominick S. Rocco* Date _____
REGISTERED AGENT MUST SIGN

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	Dominick Rocco	219 Somerset Circle N	Dunedin, FL 34698
VD	Marie Duenskie	230 Somerset Circle N	Dunedin, FL 34698
D	Lou George	222 Somerset Circle N	Dunedin, FL 34698
REINSTATEMENT			
MAY 15 2013			
R. HUNT			

10. E-mail Address: rocky432@hotmail.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: *Dominick S. Rocco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____