PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

18 APR 17 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3

000312129210
04/17/18--01006--001 **236.25

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14000007948

1. Corporation Name

VILANO HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o Access Management 6991 Professional Parkway East	c/o Access Management 6991 Professional Parkway East
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34240 Country: USA	Zip: 34240 Country: USA

CR2R081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 8/28/2014

5. FEI Number: 47-2395950 ☐ 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: ACCESS RESIDENTIAL MANAGEMENT, LLC

Street Address (P.O. Box Number is Not Acceptable): 6991 Professional Parkway East

Suite, Apt # Etc.:

City: Sarasota | State: FL | Zip Code: 34240

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: _____ Date: 4/9/18

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
Pres	Carlos de la Ossa	12802 Telecom Drive	Tampa, FL 33637
VP	John Snyder	12802 Telecom Drive	Tampa, FL 33637
Dir	Michael Foreman	4795 Vasca Drive	Sarasota, FL 34240

10. E-mail Address: dwalter@accessdifference.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: _____ 4/10/18

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T MOORE
APR 27 2018