

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 11 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **n23469**

1. Corporation Name
Village Run Home Owners Assn. Inc.

2. Principal Office Address
2206 E. Village Ct.

Suite, Apt. #, etc.

City & State
VENICE FLORIDA

Zip
34253

Country
SARASOTA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
Florida 34253

Zip
34253

Country

900063959759
01/18/06--01038--006 **\$1.25

REINSTATEMENT **06**

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
650067089

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
RICHARD BROWN

Street Address (P.O. Box Number is Not Acceptable)
2206 E. Village Ct.

Suite, Apt. #, Etc.

City
VENICE

State
FL

Zip Code
34253

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 **Richard Brown**

Date **1/5/2005**

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	BERNICE YERICK	2302 E. Village Ct	VENICE Fla 34253
VP	AL GRINIS	2208 E. Village Ct	VENICE Fla 34253
SEC/TREAS	Richard Brown	2206 E. Village Ct	VENICE, Fla 34253

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: **Richard Brown**
Richard Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/05
Date

**941
457-2540**
Daytime Phone #