

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

97 NOV 10 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27352 (6)

1. Corporation Name

**The Villas of Key West Homeowners'
Association II, Inc.**

Principal Place of Business

**3211 Pearl Avenue
Key West, Florida
33040**

Mailing Address

**3211 Pearl Avenue
Key West, Florida
33040**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida
07/11/1988

5. FEI Number

65-0164708

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C/D	Cathy Cooper	3211 Pearl Avenue	Key West, FL 33040
P/D	Stanley Webb	3225 Pearl Avenue	Key West, Florida 33040
v/D	Margaret Russell	3208 Eagle Avenue	Key West, FL 33040
S/T/D	Charles Higbie	3212 Eagle Avenue	Key West, FL 33040
D	Steven Monsalvatge	3214 Eagle Avenue	Key West, FL 33040

8. Name and Address of Current Registered Agent

**Cathy Cooper
3211 Pearl Avenue
Key West, FL 33040**

9. Name and Address of New Registered Agent

Name

800002346728-11/13/97-01081-014

Street Address (P.O. Box Number is Not Accepted) **20.00**

Suite, Apt. #, Etc.

City

State

FL

Zip Code

X0. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Cathy Cooper

REGISTERED AGENT MUST SIGN

Date **11-5-97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Cathy Cooper

CATHY COOPER

Date

Daytime Phone #

11-5-97 305-295-5213