PARIUZ

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FINE REINSTATEMENT	LORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS 37 SEP 24 PM 12: 21
DOCUMENT # N31290 1. Corporation Name Park Village Homeowners Association Fix		300110024713 09/27/0701004011 **708.75 3 9/27/07 REIL' NT 00-5
2035 PAIK VillAge Dr .	Mailing Office Address 2035 Park V: //age Dr. uite, Apt. #, etc.	CR2E081 (1/07)
Ruskin Fl	Ruskin Fl p Country 33570 Hillsborough	4. Date Incorporated or Qualified To Do Business in Florida 3/2//989 5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED Status \$8.75 Additional Fee required for a Certificate of Status
Name Name Emm AL. Roberts Street Address (P.O. Box Number is Not Acceptable) 2035 Park V; //Age Suite, Apt. #, Etc. City Ruskin	State Zip Code FL 33570	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 Local Registered Agent MUST SIGN Date 9/20/07		
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 / Zíp
P/D Gregory B. Roberts	2029 Park V; 11Ag	
UPID Robert COOP	2628 Park V; 1/19	- Dr. Ruskin F 33570
S/D LAURA VASquez	2036 PARK VILLAG	e Dr Ruskiy Fl 33570
T/D EmmAL Roberts	2035 PARK VillAg	e. Dr. Rubkin F1 33570
D Philip RASMUSSON	2004 PARK Villag	ie Dr. Pluskin, F1 33570
D Al Deliste	2018 PACK VillA	ne Dr. Ruskruff 33570
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: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayline Phone #		

. Park Village Homeowners ASSN. FL.

poyers

Director

Title

NA-Me

D

Guadalupe VASquez

Address 2015 Park Village Dr. Ruskin, Fl 33570