

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 12 AM 10:59

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N35689**

1. Corporation Name

VILLAGE VAN GOGH Home Owners'
ASSOCIATION, INC.

900093254179

03/16/07--01015--007 **1286.25

REINSTATEMENT 1990-2007

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

9400 RIVER CROSSING BLVD.

Suite, Apt. #, etc.

SUITE 104

3. Mailing Office Address

P.O. Box 2108

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

ELFERS, FL

Zip

34655

Country

USA

Zip

34680

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

06-1807920

☒ 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

JAIME GIRARDI

TREASURER OF VILLAGE VAN

Street Address (P.O. Box Number is Not Acceptable)

9400 RIVER CROSSING BLVD.

Suite, Apt. #, Etc.

SUITE 104

City

NEW PORT RICHEY, FL

State

FL

Zip Code

34655

☐ 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

REGISTERED AGENT MUST SIGN

Date 3/2/07

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 / Zip
P	BOB LADUE	13189 Enchantment Dr.	Spring Hill, FL 34609
V	SHAMAIN VANECKELEN	13140 Enchantment Dr.	Spring Hill, FL 34609
S/T	JAIME GIRARDI	9400 River Crossing Blvd, Ste 104	New Port Richey, FL 34655

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIME P. GIRARDI

3/2/07

Date

(727) 375-1155

Daytime Phone #