

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -7 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1737478

1. Corporation Name
AVIGNON VILLAS CONDOMINIUM
ASSOCIATION, INC.

2. Principal Office Address
5611 GULF OF MEXICO DR
Suite, Apt. #, etc.

3. Mailing Office Address
PO BOX 1607
Suite, Apt. #, etc.

City & State
LONGBOAT KEY, FL

City & State
HOLMES BEACH, FL

Zip 34228 Country USA

Zip 34218 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number 52-1735768 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 THOMAS CONDRON

Street Address (P.O. Box Number is Not Acceptable) 6400 MANATEE AVENUE WEST 500048436085

Suite, Apt. #, Etc. SUITE G 03/15/05-01050-026-1481.05

City BRADENTON State FL Zip Code 34209

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 Thomas E. Condron Date 2-23-05
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
<u>PD</u>	<u>NIRMAL PARIKH</u>	<u>26 ELAINE DRIVE</u>	<u>KINGSTON, NY 12401</u>
<u>T/D</u>	<u>ROGER ROBSON</u>	<u>2501 WEST BRISTOL AV.</u>	<u>TAMPA, FL 33609</u>
<u>S/D</u>	<u>FERNANDO BARJA</u>	<u>830 DAPHNE DRIVE</u>	<u>BRANDON, FL 33510</u>

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 under section 119.07(3)(f), 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: Thomas E. Condron Date 2-23-05 (941) 779-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/05)