

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 13 PM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N38941

1. Corporation Name

VILLA HOMES HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address

2816 West Fairbanks Ave.

3. Mailing Office Address

2816 West Fairbanks Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789

Country

USA

Zip

32789

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/1990

5. FEI Number

593125785

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

Angelo Sandroni

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

2816 West Fairbanks Avenue

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

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

Angelo Sandroni

REGISTERED AGENT MUST SIGN

Date 9-28-01

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
D	Angelo P. Sandroni	2816 W. Fairbanks Ave.	Winter Park, FL 32789
D	Hilda Sandroni	2816 W. Fairbanks Ave.	Winter Park, FL 32789
D	John J. Sandroni	4024 Shorecrest Drive	Orlando, FL 32804

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)(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:

Angelo Sandroni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-28-01

Date

407-355-0599

Daytime Phone #

CR2E081 (9/00)