

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 JUN 18 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N92 000000668

1. Corporation Name

VALENCIA SQUARE Townhomes Assoc., Inc.  
Condominiums

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

7361 SW 116 Terr

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33156

Country

US

3. Mailing Office Address

11767 S. Dixie Hwy

Suite, Apt. #, etc.

# 393

City & State

MIAMI, FL

Zip

33156

Country

U.S.

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

1994

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jerome A. Megna

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

7361 SW 116 Terr

Suite, Apt. #, Etc.

MIAMI

City

MIAMI

State

FL

Zip Code

33156

☒ 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

Jerome A. Megna

REGISTERED AGENT MUST SIGN

Date

4/23/07

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
PD	Jerome A. Megna	7361 SW 116 Terr	MIAMI FL 33156
VD	Jerome A. Megna III	4423 BlueBill Pass	Tallahassee FL 32303
SD	Andrew J. Megna	3248 Longleaf Rd	Tallahassee, FL 32310

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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:

Jerome A. Megna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/23/07

Daytime Phone #

305-252-1092

@ Mitchell JUN 18 2007