PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 13 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/13/03--01084--016 **908.75

DOCUMENT # N96000002595

1. Corporation Name

Villa Di Lancia Condominium Association, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
2171 Gulf of Mexico Drive		2171 Gulf of Mexico Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Longboat Key, Florida		City & State: Longboat Key, Florida	
Zip: 34228	Country: United States	Zip: 34228	Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: 05/14/96

5. FEI Number: 650747232 ☐ 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: Steve Mitchell

Street Address (P.O. Box Number is Not Acceptable): 2171 Gulf of Mexico Drive

Suite, Apt. #, Etc.:

City: Longboat Key | State: FL | Zip Code: 34228

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: Steve Mitchell Date: 1-3-03

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PD	Thomas Maguire	2165 Gulf of Mexico Drive, Suite 125	Longboat Key, Florida 34228
S	Gail Jordon	2165 Gulf of Mexico Drive, Suite 141	Longboat Key, Florida 34228
VPD	John Nickerson	29 Avenue of the Flowers PHB125	Longboat Key, Florida 34228
TD	Bob Marriman	P.O. Box 190	Walland, Tennesse 37886

REINSTATEMENT 01-02 T. Lewis 1/16/03

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: Bonnie Mowzer 1/3/03 816-363-0901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #