PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 DEC 17 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003073

1. Corporation Name
GB VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business | Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
260 Crandon Blvd.	260 Crandon Blvd.
Suite, Apt. #, etc.: 25	Suite, Apt. #, etc.: 25
City & State: Key Biscayne, Fl	City & State: Key Biscayne, Fl.
Zip: 33149 Country: USA	Zip: 33149 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/10/96

5. FEI Number: 65-0881317 ☒ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	LLANES, JOSE L	260 CRANDON BLVD., #25	KEY BISCAYNE, FL 33149
VPD	BANNATYNE, JUAN P.	260 CRANDON BLVD., #25	KEY BISCAYNE, FL 33149
STD	AVILA, EDUARDO	601 BRICKELL KEY DR. #E	Miami, Fl 33131
			900002722319--8 -12/24/98--01084--012 ****236.25 ****236.25
	REINSTATEMENT		

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name: MARLENE GARCIA, P.A.
	Street Address (P.O. Box Number is Not Acceptable): 1001 BRICKELL BAY DRIVE
	Suite, Apt. #, Etc.: 2014
	City: Miami State: FL Zip Code: 33131

CR2E040 (1/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Marlene Garcia — Date: 10/21/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: JOSE L. LLANES — 10/21/98 — 305-373-4650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #