

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 19 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006770

1. Corporation Name

Venetian Villas of South Beach Condominium Ass

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

747 Michigan Avenue

3. Mailing Office Address

P.O. Box 190239

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, Florida,

City & State

Miami Beach, Florida,

Zip

33139

Country

USA

Zip

33119

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 1997

5. FEI Number
650809675

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

Blue Leaf ~~LLC~~ LLC

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

~~208 Jefferson Avenue~~ 208 JEFFERSON AVENUE

Suite, Apt. #, Etc.

~~116~~ #116

City

Miami Beach

State

FL

Zip Code

33139

☐ 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

REGISTERED AGENT MUST SIGN

Date 03/19/2009

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	Susan Baron	747 Michigan Avenue , # 206	Miami Beach, Florida, 33139
VP	Paul Schneider	747 Michigan Avenue , # 302	Miami Beach, Florida, 33139
T	Roberto Matus	747 Michigan Avenue , # 202	Miami Beach, Florida, 33139
S	Paula Iversen	747 Michigan Avenue , # 201	Miami Beach, Florida, 33139
REINSTATEMENT			
RH			

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03/24/09-01004--010 **297.50

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/19/09 (305) 538-5862

Daytime Phone #