

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 JAN 17 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/17/12--01063--003 **367.50

DOCUMENT # N99000000 462

1. Corporation Name

VILAND VIEW CONDOMINIUM ASSC. INC.

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

2770 LOJA ST.

Suite, Apt. #, etc.

#6

City & State

ST. AUGUSTINE, FL

Zip

32084

Country

ST. JOHNS

3. Mailing Office Address

2770 LOJA ST.

Suite, Apt. #, etc.

#6

City & State

ST. AUGUSTINE, FL

Zip

32084

Country

ST. JOHNS.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/99

5. FEI Number

☐ 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

JANET L. CLEMENTS

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

2770 LOJA ST

Suite, Apt. #, Etc.

#6

City

ST. AUGUSTINE

State

FL

Zip Code

32084

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

Janet L. Clements
REGISTERED AGENT MUST SIGN

Date 01/10/12

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 |
|--------|--------------------------------------|---|------------------------|
| STD | JANET L. CLEMENTS | 2770 LOJA ST. #6 | ST. AUGUSTINE FL 32084 |
| PD | JANE ROGERO | 2770 LOJA ST. #3 | ST. AUGUSTINE FL 32084 |
| VD | JILL YOERGER | 2770 LOJA ST. #2 | ST. AUGUSTINE FL 32084 |
| | | | |
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| | | | |

10. E-mail Address: JLC45@AOL.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE *Janet L. Clements* JANET L. CLEMENTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/12 904-824-7986

Date

Daytime Phone #