

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 11 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000003078

1. Corporation Name

VILLA LAGO HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

516 AVENIDA DEL MAIZ
SOUTH BAY FL 33493

Mailing Address

516 AVENIDA DEL MAIZ
SOUTH BAY FL 33493

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 2000

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/1999

5. FEI Number

65-1026515

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 3	City / State / Zip 4
PD	MAINSTER, STEVEN	35801 SW 186 AVENUE	FLORIDA CITY, FL 33034
VSD	TALCOTT, CHRISTINE	35801 SW 186 AVENUE	FLORID CITY FL 33034
TD	JOGLAR, NORBERTO	35801 SW 186 AVENUE	FLORIDA CITY FL 33034
			600003856586--1 -03/16/01--01096--031 ****236.25 ****236.25
			05-24-00 90067 032 \$70.00

8. Name and Address of Current Registered Agent

AMBER, HENRY M ESQ.
7731 SW 62ND AVENUE, #202
SOUTH MIAMI FL 33143

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/19/2000

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORBERTO JOGLAR

11/2/00

Date

(305) 245-7738

Daytime Phone #