

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 19 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000003078

**1. Corporation Name**

Villa Lago Homeowners' Association, Inc.

**2. Principal Office Address**

35801 SW 186 Ave.

Suite, Apt. #, etc.

City & State

Florida City, FL

Zip

33034

Country

USA

**3. Mailing Office Address**

35801 SW 186 Ave.

Suite, Apt. #, etc.

City & State

Florida City, FL

Zip

33034

Country

USA

**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

REINSTATEMENT 03-04

**7. Name and Address of Current Registered Agent**

Name

Henry M. Amber, Esq.

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

7731 SW 62nd Ave.

Suite, Apt. #, Etc.

Suite 202

City

South Miami

State

FL

Zip Code

33143

500039316935

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**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 07/15/2004

**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	Steven Mainster	35801 SW 186 Ave.	Florida City FL 33034
TD	Norberto Joglar	35801 SW 186 Ave.	Florida City FL 33034
D	Joseph Segor	12815 SW 112th Court	Miami FL 33176
D	Robert Jensen	18640 SW 295th Terrace	Homestead FL 33030

**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:

Norberto Joglar

07/15/04

305/ 245-7738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #