

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 JUN 14 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000016737

1. Corporation Name

VERSAILLES HOMES, INC.

2. Principal Office Address

6340 N.W. 61st AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

6340 N.W. 61st AVENUE

Suite, Apt. #, etc.

City & State

PARKLAND, FLORIDA

City & State

PARKLAND, FLORIDA

Zip

33067

Country

USA

Zip

33067

Country

USA

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

2/11/2000

5. FEI Number

65-0984436

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

JOHN P. WILKES

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

901 SOUTH FEDERAL HIGHWAY SUITE 101A

Suite, Apt. #, Etc.

SUITE 101A

City

FORT LAUDERDALE

State

FL

Zip Code

33316

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

6/7/02

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	EMIL PINTILIE	6340 N.W. 61st AVENUE	PARKLAND, FL 33067
VPD	FLORIAN MARTA	313 S.E. 5th STREET	DANIA, FL 33004
SD	JOSEPH WONESH	1085 N.W. 3rd AVENUE	BOCA RATON, FL 33432
	201.25 - AR		
	10.00 - ARTS		
	88.75 - GEA		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/02 954-946-3600

Date

Daytime Phone #

CR2E081 (9/01)