

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -4 PM 2:38

DOCUMENT # P00000057290

1. Corporation Name

Villella Enterprises, Inc.

2. Principal Office Address

16120 La Costa Drive

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33326

Country

3. Mailing Office Address

16120 La Costa Drive

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33326

Country

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

6/5/2000

5. FEI Number

65-1019156

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01

7. Name and Address of Current Registered Agent

Name

Mark Villella

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

16120 La Costa Drive

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33326

000004777980--6

-01/16/02--01025--016

***750.00 ***750.00

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

Mark Villella

Date 12-31-01

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
D/P	Mark Villella	16120 La Costa Drive	Ft. Lauderdale, FL 33326

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 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 in my oath.

SIGNATURE:

Mark Villella MARK VILLELLA

Date

12-31-01 (954) 275-6580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR25081 (9/00)