1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 AUG -3 PM 4:26

DOCUMENT # 65-1075210 (P01000134993)

1. Corporation Name
VILLA BENTA INC

500058187496
08/03/05--01027--001 **183.75
05

NEW

2. Principal Office Address	3. Mailing Office Address
2800 N OCEAN Dr	2800 N OCEAN Dr
Suite, Apt. #, etc. B24C	Suite, Apt. #, etc. B24C
City & State SINGER Island FL	City & State SINGER Island FL
Zip 33404 Country Palm Beach	Zip 33404 Country Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-1075210 ☑ Applied For ☐ Not Applicable

Recent

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: MARIA E VAN Sickle
Street Address (P.O. Box Number is Not Acceptable): 2800 N OCEAN Dr
Suite, Apt. #, Etc.: B24C
City: SINGER Island State: FL Zip Code: 33404

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: Maria E Van Sickle Date: 7/28/05
REGISTERED AGENT MUST SIGN

CR2E231 (01/05)

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
PRES	MARIA E VAN Sickle	2800 N OCEAN Dr	SINGER Island FL 33404

10. I certify that I am an officer or director of 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: Maria E Van Sickle 7/28/05 786-255-3540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Certificate Required

B. Mitchell AUG 08 2005

The Aplication was
never mail to the
New Address
Villa Bella INC
2800 N Ocean Dr
524C
Singer Island
Fla 33404

Marc Warfield