

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -5 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000098216

1. Corporation Name

New Villa Homes, Inc

2. Principal Office Address

3240 - 14th Street N

Suite, Apt. #, etc.

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3. Mailing Office Address

Suite, Apt. #, etc.

City & State

St Petersburg, FL

City & State

Zip

33704

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/01

5. FEI Number

593749330

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

Joseph Manee

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

3240 - 14th Street N

Suite, Apt. #, Etc.

City

St Petersburg, FL 33704

State

FL

Zip Code

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

Joseph M. Manee
REGISTERED AGENT MUST SIGN

Date

7-19-04

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
DB	Joseph Manee	3240-14 th St N	St Petersburg, FL 33704
DVS	Bambi Manee	"	"
D	James Faber	"	"
DT	Thomas Mazzucco	"	"

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)(l), 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: *Joseph M. Manee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-19-04

Daytime Phone #

727 235-3268

CR2E081 (01/04)