

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 JUL -9 PM 12:02

DOCUMENT # **PO1000099393**

1. Corporation Name

Primevillas

2. Principal Office Address - No P.O. Box #

4594 Eaglet Lane

3. Mailing Office Address

4594 Eaglet Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee

City & State

Kissimmee Florida

Zip

34746

Country

USA

Zip

34746

Country

USA

REINSTATEMENT 05-10

CR2B081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/2001

5. FEI Number
593751190

☐ 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

Scott Reid McHenry

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

4594 Eaglet Lane

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34746

400183133184
07/09/10--01035--013 **1500.00

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

Scott Reid McHenry

Date **7/7/2010**

REGISTERED AGENT MUST SIGN

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
P	Allan Barrett	4594 Eaglet Lane	Kissimmee FL. 34746
V	Scott McHenry	4594 Eaglet Lane	Kissimmee FL. 34746
S	Ronja Carvalho	4594 Eaglet Lane	Kissimmee FL. 34746

10. E-mail Address: **mchenryscott@hotmail.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Scott Reid McHenry

7/7/2010

407-493-4748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/10