

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -4 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000012704

1. Corporation Name

TUSCANY VILLAS DEVELOPERS, INC.

2. Principal Office Address

14600 S.W. 136 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33186

Country

U.S.A.

3. Mailing Office Address

14600 S.W. 136 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33186

Country

U.S.A.

REINSTATEMENT 2004

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/2003

5. FEI Number

59-3766221

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

Elliott Harris

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

111 S.W. 3rd Street, 6th Floor

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33130

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

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	Michael Garcia-Carrillo	14600 S.W. 136 Street	Miami, FL 33186
VSD	Raimundo Castellanos	14600 S.W. 136 Street	Miami, FL 33186
TD	Pedro Garcia-Carrillo Jr	14600 S.W. 136 Street	Miami, FL 33186
S	Elliott Harris	111 SW 3 St., 6 Floor	Miami, FL 33130

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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
ELLIOTT HARRIS, SECRETARY

11/2/2004 (305) 358-0146

Date

Daytime Phone #

CR2E081 (01/04)