

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT -5 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000112699

1. Corporation Name

VILLAS OF CENTRAL FLORIDA, INC.

2. Principal Office Address

106 BROADWAY

Suite, Apt. #, etc.

B

City & State

KISSIMMEE

Zip

FL

Country

34741

3. Mailing Office Address

106 BROADWAY

Suite, Apt. #, etc.

B

City & State

KISSIMMEE

Zip

FL

Country

34741

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/2004

5. FEI Number

20-1412894

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

E. LADELL RIGSBEE

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

106 BROADWAY

Suite, Apt. #, Etc.

B

City

KISSIMMEE

State

FL

Zip Code

34741

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

E. Ladell Riggsbee

REGISTERED AGENT MUST SIGN

Date

10/3/06

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
PST	E. LADELL RIGSBEE	106 BROADWAY STE. B	KISSIMMEE, FL. 34741
D	ROBIN E. RIGSBEE	106 BROADWAY STE. B	KISSIMMEE, FL. 34741
D	DEREK W. RIGSBEE	106 BROADWAY STE. B	KISSIMMEE, FL. 34741

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 contained in Chapter 119, 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:

E. Ladell Riggsbee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/3/06

407-846-3474

Daytime Phone #

106 Broadway, Ste. B
Kissimmee, FL. 34741

Villas of Central Florida, Inc.

October 3, 2006


Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Dear Sir or Madam:

I am writing this letter to notify you that we did not receive our notice for our annual report, and indeed only found out that our company was inactive when we went to open a bank account recently. I am enclosing a check for \$300.00 for the annual report and corporate supplemental fees for 2005 and 2006, along with the application for corporate reinstatement.

If you have any questions or require any further information, please contact me at 407-846-3474. Thank you in advance for your assistance in this matter.

Sincerely,



E.Ladell Rigsbee
President

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