

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

2008 DEC -9 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000016288

1. Corporation Name

Villa Pricey, Inc.
65 Olive Drive
Hialeah Fla. 33010

2. Principal Office Address

65 Olive Drive

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah

City & State

Fla.

Zip

33010

Country

U.S.A.

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

2005

5. FEI Number

20-2796064

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

Basilia Perez

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

65 Olive Drive

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33010

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

X Basilia Perez

REGISTERED AGENT MUST SIGN

Date

10-20-08

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	Basilia Perez	65 Olive Drive	Hialeah Fla 33010
V. Pres	Modesto Perez	" "	" "

REINSTATEMENT

2008

\$150.00

03/25/08 90010 013

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:

X Basilia Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/08

Daytime Phone #

October 25, 2008
Re: Vella Princy Inc.
65 Olive Drive
Hialeah, Fla. 33010
Document # P05000 014288

Division of Corporations
Secretary of State
P.O. Box 700
Tallahassee, Fla. 32314

Gentleman: As per notice of Dissolution or revoca-
tion received for my Corporation. I want to inform
that I sent a check for \$100.00 in March, 2008 for
payment of my Annual Report, after that I never received
any information or letter at present up to now that I
received Post Card for Dissolution, I am enclosing a
Reinstatement Form for filing of the Corporation. I
Appreciate the penalty to be waived, and apply
the \$100.00 to the reinstatement, I hope this clears
this matter, and my Corporation be reinstated.

Sincerely,
+ Roselia Perez

Note: The correct ID # for the
Corporation is: 20-2796064