

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAR 22 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000022376

1. Corporation Name

Villi, Inc.

WL 11965

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

1909-SW 85 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1909 SW 85 Ave

Suite, Apt. #, etc.

City & State

North Lauderdale FL

Zip

33068

Country

U.S.A

City & State

North Lauderdale FL

Zip

33068

Country

U.S.A

7. Name and Address of Current Registered Agent

Name

GARFIELD WALLACE

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

1909-SW 85 Ave

Suite, Apt. #, Etc.

City

North Lauderdale

State

FL

Zip Code

33068

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

[Signature]

REGISTERED AGENT MUST SIGN

Date March 4, 2010

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
D	GARFIELD WALLACE	1909 SW 85 Ave	North Lauderdale FL 33068

10. E-mail Address: Walllevillinc@yahoo.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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

March 4 2010

Daytime Phone #