

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG -5 AM 7:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P05000121799

1. Corporation Name

VISTA VERDE CORP

**700159107097
07/31/09--01008--015 **300.00**

CR2E081 (12/08)

**2. Principal Office Address - No P.O. Box #
1225 NW 26 PLACE**

**3. Mailing Office Address
SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL

City & State

Zip

FL

Country

33993

Zip

Country

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

09/01/2005

**5. FEI Number
205726046**

☒ 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
ORLANDO A GONZALEZ**

**Street Address (P.O. Box Number is Not Acceptable)
1225 NW 26 PLACE**

Suite, Apt. #, Etc.

**City
CAPE CORAL**

**State
FL**

**Zip Code
33993**

☒ 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.

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 07/17/2009

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
PRES	ORLANDO A GONZALEZ	1225 SW 26 PLACE,	CAPE CORAL, FL 33993

REINSTATEMENT

RH

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:

PRESIDENT

07/17/2009

(239)699-4179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #