

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 NOV 16 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000008333

1. Corporation Name

VILLA SAN MIGUEL ENTERPRISES, INC.

800112376508  
11/16/07--01027--004 \*\*300.00

**REINSTATEMENT** 07

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

1580 SAWGRASS CORP

Suite, Apt. #, etc.

PKWY STE. 130

City & State

SUNRISE, FL

Zip

33323

Country

USA

3. Mailing Office Address

1580 SAWGRASS CORP

Suite, Apt. #, etc.

PKWY STE. 130

City & State

SUNRISE, FL

Zip

33323

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-446356

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

JUAN C. BANDIN

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

1580 SAWGRASS CORP PKWY

Suite, Apt. #, Etc.

STE 130

City

SUNRISE

State

FL

Zip Code

33323

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

11/15/07

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
DPT	LEON E. LEVY	121 SE 9 COURT	HALLANDALE, FL 33009
DVS	JUAN C. BANDIN	121 SE 9 COURT	HALLANDALE, FL 33009
		11/10/20	

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:

JUAN C. BANDIN

Date

11/15/07

Daytime Phone #