




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: space-between;"><div style="text-align: center;">CORPORATION REINSTATEMENT</div><div style="text-align: center;"></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		<p>FILED</p> <p>07 NOV 16 PM 2:43</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p>800112376508 11/16/07--01027--004 **300.00</p> <p>REINSTATEMENT 07</p>	
DOCUMENT # P06000008333			
1. Corporation Name VILLA SAN MIGUEL ENTERPRISES, INC.			
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	
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		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 20-446356 <div style="display: flex; justify-content: space-between;"><div>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></div><div>\$8.75 Additional Fee required for a Certificate of Status</div></div> <div><input checked="" type="checkbox"/> 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.</div>	
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
		11/15/20	
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 11/15/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			