

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 19 PM 12:54

DOCUMENT # P06000019719

1. Corporation Name

Villas at Jasmine Creek, Inc.

100182063411
07/19/10--01059--010 **750.00

100182063411
06/14/10--01061--012 **450.00

CR2E081 (4/10)

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

5040 NW 7 Street

Suite, Apt. #, etc.

PH-1

3. Mailing Office Address

5040 NW 7 Street

Suite, Apt. #, etc.

PH-1

City & State

Miami, FL

City & State

Miami, FL

Zip

33126

Country

Dade

Zip

33126

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

Feb. 7, 2006

5. FEI Number

☒ 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

John H. Ruiz

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

5040 NW 7 Street

Suite, Apt. #, Etc.

PH-1

City

Miami

State

FL

Zip Code

33126

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

6/10/10

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	Julio Del Rey	5040 NW 7 St, PH-1	Miami, FL 33126
VP	John H. Ruiz	5040 NW 7 St, PH-1	Miami, FL 33126
S	Vladimir Golik	5040 NW 7 St, PH-1	Miami, FL 33126
T	Patrick Cordero	5040 NW 7 St, PH-1	Miami, FL 33126

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137/20/10

10. E-mail Address: nnunez2@a100ponce.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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/10/10

786552-0850