

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR 11 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000086924

1. Corporation Name

VIZCAYA LAKES APARTMENTS, INC.

Principal Place of Business

Mailing Address

~~734 AVENIDA CUARTA
SUITE 101
CLERMONT FL 34711~~

~~734 AVENIDA CUARTA
SUITE 101
CLERMONT FL 34711~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~1024 VIZCAYA LAKES RD.~~
Suite, Apt. #, etc.

~~1024 VIZCAYA LAKES RD.~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

11/13/1995

5. FEI Number

59-3352938

Applied For

Not Applicable

City & State
OCOE, FL

City & State
OCOE, FL

Zip Country
34761 USA

Zip Country
34761 USA

6. CERTIFICATE OF STATUS DESIRED 38.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CAGAN, ISADORE	734 AVENIDA CUARTA, SUITE 101	CLERMONT FL 34711
D	GAYER, LINDA	734 AVENIDA CUARTA, SUITE 101	CLERMONT FL 34711
	SEYER, LINDA		
			300002455933--5 -03/12/98--01109--015 ****908.75 ****908.75
			REINSTATEMENT 97-98
			SL 3-11-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SABA, RICHARD D ESQ.
2033 MAIN STREET
SUITE 303
SARASOTA FL 34237

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Richard D. Saba
REGISTERED AGENT MUST SIGN

Date 3/7/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on Intangible tax.)

12. 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 under section 119.07(3)(l), 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:

Linda Seyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/97
Date

850-302-0130
Daytime Phone #

CR20040 (8/97)