

OCT. 19. 2001 1:06PM HEADLINE GROUP BEFORE COMPLETING TNO 711 RMP. 3/11

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000086924			
1. Corporation Name VIZCAYA LAKES APARTMENTS, INC.			
Principal Place of Business 1024 VIZCAYA LAKES RD OCOEE, FL 32781		Mailing Address 1024 VIZCAYA LAKES RD OCOEE, FL 32781	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable 16554 Crossings Blvd. Suite, Apt. #, etc. Suite 4 City & State Clermont, Florida Zip 34711 Country U.S.A.		J. New Mailing Office Address, if Applicable 16554 Crossings Blvd. Suite, Apt. #, etc. Suite 4 City & State Clermont, Florida Zip 34711 Country U.S.A.	
		4. Date Incorporated or Qualified To Do Business in Florida 11/19/1995	
		5. FEI Number 59-0352938	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			
7. Names and Street Address 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	4. City / State / Zip
D	CAGAN, ISADORE	16554 Crossings Blvd # 4	CLERMONT FL 34711
D	Jeffrey Cagan	16554 Crossings Blvd # 4	CLERMONT FL 34711
			000004677920--3 -11/14/01--01014--009 ****150.00 ****150.00
8. Name and Address of Current Registered Agent SABA, RICHARD D ESQ. 2033 MAIN STREET SUITE 303 SARASOTA FL 34237		9. Name and Address of New Registered Agent 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 607.0805, F.S.			
Signature of Registered Agent 		Date 10/22/01	
REGISTERED AGENT MUST SIGN			
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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), 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: 		(352) 242-2444	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Isadore Cagan, Director		Date Daytime Phone #	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 26 PM 12:34



CORPORATION RETURN

VIZCAYA LAKES APARTMENTS, INC.

16554 Crossings Boulevard, Suite #4

Clermont, Florida 34711

(352) 242-2444

October 22, 2001

Florida Department of State
Division of Corporations
Uniform Business Report
Post Office Box 1500
Tallahassee, Florida 32302-1500

**Re: Vizcaya Lakes Apartments, Inc.
Doc #P95000086924**

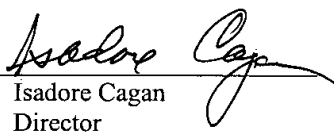
Dear Sir or Madam:

Please find enclosed a completed Application for Reinstatement form for the above-referenced company, together with a check in the amount of \$150 payable to the Department of State.

Due to a change of address, and the post office not forwarding our mail, the 2001 annual report filing was never received by our office.

We are requesting a waiver of the penalty for late filing due to these extenuating circumstances and would appreciate your consideration of this request. If you should have any questions, please do not hesitate to contact me.

Respectfully,

By: 
Isadore Cagan
Director

IC:psc
Enclosures