

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000010206

1. Entity Name
VILLAS INTERNATIONAL REALTY, INC.



FILED

07 MAY -1 PM 2:40

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**326 B ROYAL POINSETTA WAY
PALM BEACH, FL 33480** *OK*

Mailing Address
**326 B ROYAL POINSETTA WAY
PALM BEACH, FL 33480** *OK*

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3232

City & State
Palm Beach, FL.

Zip
33480

Country
USA



REINSTATEMENT *06-07*

4. FEI Number
65-0637517

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TOLLEY, BARBARA L
2155 IBIS ISLE ROAD
PH2
PALM BEACH, FL 33480**

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barbara L Tolley* **4-25-07**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE 800103286308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOLLEY, BARBARA L		NAME 05/25/07--01020--008 **308.75	
STREET ADDRESS 2155 IBIS ISLE RD., PH2		STREET ADDRESS	
CITY-ST-ZIP PALM BEACH, FL 33480		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara L Tolley* **4-25-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #