FAX AUDIT NO.: H01-21733

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 FEB 28 PM 3:12

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000013523

1. Corporation Name

VILLAGE ASSOCIATES, INC.

DD-01

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
~~7800 Red Road~~ 6489 Sunset Drive	~~7800 Red Road~~ 6489 Sunset Dr.
Suite, Apt # etc: ~~Suite 119~~	Suite, Apt #, etc.: ~~Suite 119~~
City & State: South Miami, FL	City & State: South Miami, FL
Zip: 33143 Country: USA	Zip: 33143 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/13/1996

5. FEI Number: 65-0648105 ☐ 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: Fine, Martin

Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Avenue, Suite 3000

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33131

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: Mark Fine Date: 2/27/01
REGISTERED AGENT MUST SIGN

CR2E031 (6/00)

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
D	Fine, Martin	701 Brickell Ave., Ste. 3000	Miami, FL 33131
D	Gould, Gerald	~~7800 Red Road, Ste. 119~~ 6489 Sunset Drive	South Miami, FL 33143
P/AS	ADD: Gould, Gerald	~~7800 Red Road, Ste. 119~~ 6489 Sunset Drive	South Miami, FL 33143
V/S/T	Fine, Martin	701 Brickell Ave., Ste. 3000	Miami, Florida 33131
			AD

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 under section 119.07(3)(i), 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: Gerald Gould Gerald Gould, President 2/27/01 305-666-3075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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Account Number : 075350000132
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CORPORATION REINSTATEMENT

VILLAGE ASSOCIATES, INC.

Certificate of Status	1
Certified Copy	2
Page Count	01
Estimated Charge	$1,058.75

908.75

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