

CORPORATION

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

FILED

00 SEP -6 PM 12:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000095985

1. Corporation Name

Villa Zury Corporation

2. Principal Office Address

5710 S.W. 131st Court

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33183

Country

US

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

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

Zoraida Garcia

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

5710 S.W. 131st Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33183

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 08/29/00

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	Zoraida Garcia	5710 SW 131st Court	Miami, Fl. 33183
D	Zuray Alvares	5710 SW 131st Court	Miami, Fl. 33183

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/29/00

Date

(305) 380-1335

Daytime Phone #

Page 2 of 2
P99000095985

August 29, 2000

Florida Department of State
Division of Corporations
409 Gaines Street
Tallahassee, Florida 32399

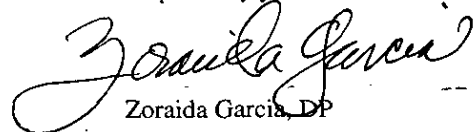
Ref: Villa Zury ALF, Inc.
5710 S.W. 131st Court
Miami, Florida 33183

To whom It May Concern:

I am sending you a check for \$150.00 plus a reinstatement form which I had to make a copy of from a friend of mine in order to submit the write documentation. I was out of town for a few months due to an accident that my mom was involved in which caused her to passaway. My family was devastated so I had to fly to Tennessee.

Due to this unforeseen situation my business was left unattended and so all my correspondence had piled up to the moment I returned which was last week. Please understand my situation and accept my fee with the reinstatement form for my corporation. I really cannot afford to lose the only source of income I have right now, especially after all the expenses that I've incurred in the past 2 months.

Respectfully yours,


Zoraida Garcia, DP

ZG:bms