PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.		
ÀPPLICATION FOR REINSTATEMENT	PLICATION FLORIDA DEPARTMENT OF Sandra B. Mortham			=J +			
DOCUMENT # P9700096447 1. Corporation Name				SECRICIANY OF STATE TALLAHASSEE, FLORIDA			
VILLAMARA PLACE, INC.				: 10	Conditional Conference on the		
Principal Place of Business	Mailing Addr	Mailing Address			i lilite 1991: Abill Berit Aberi Aberi Abin entin kalifi ment bina 1986 inn	11	
05-F ATLANTIS ROAD 405-F ATLANTIS ROAD CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920							
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				4. Date incorporated or Qualified			
Suite, Apt. #, etc.	<u> </u>	Suite, Apt. #, etc.			To Do Business in Florida 11/11/1997		
City & State	City & State			5. FEI Number	347842 Applied Fo		
Zip Country	Zip	Countr	у	6. CERTIFICATE	S8.75 Additional Fee red OF STATUS DESIRED X for a Certificate of Sta	quired	
7. Names and Street Addresses of Each Officer an	d/or Director (Flo						
Name of Officers Title(s) and/or Directors 3 (I		Of	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box No		City / State / Zip		
D P V Christopher J. Straka		405-F At1	405-F Atlantis Road		Cape Canaveral, FL 329	20	
				· 1	,,,	\neg	
REINSTATEME				ENT_	99 ,98		
					gr 11-24"		
					0000026956805		
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
HAMLIN, CURTIS D			Name Christopher J. Straka Street Address (P.O. Box Number is Not Acceptable)				
1205 MANATEE AVENUE WEST BRADENTON FL 34205			Street Address (P.O. Box Number is Not Acceptable) 405-F Atlantis Road Suite, Apt. #, Etc.				
City Cape Canaveral State Zip Code 32920							
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 Date 11.23.98							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 filling 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 mysignature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE: SIGNATURE AND TARROW PRINTED MARK OF SIGNING OFFICER OR DIRECTOR							
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Christopher J. Straka, President Date Date							



ACCOUNT NO. : 072100000032

REFERENCE :

7120823

COST LIMIT : \$ 758.75

ORDER DATE: November 24, 1998

ORDER TIME : 10:42 AM

ORDER NO. : 042587-025

CUSTOMER NO: 7120823

CUSTOMER: Ms. Cynthia L. Rentz

Straka & Associates 405-f Atlantis Road

Cape Canaveral, FL 32920

DOMESTIC FILINGS

NAME: VILLAMARA PLACE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS

event of conjunction