Florida Department of State

Division of Corporations
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To:
Division of Corporations
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From:
Account Name : BERMAN,RENNERT,VOGEL & MANDLER,P.A.
Account Number : 076103002011
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CORPORATION REINSTATEMENT

DEEDCO VILLA HERMOSA, INC.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

0408

REINSTATEMENT

CR2E081 (10/06)

DOCUMENT # P98000034930

1. Corporation Name

Deedco Villa Hermosa, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
105 S.E. 12 Avenue	105 S.E. 12 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Homestead, Florida	City & State: Homestead, Florida
Zip: 33030 Country: US	Zip: 33030 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 04/16/1998

5. FEI Number: 59-2544297 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2nd Street

Suite, Apt. #, Etc.: Suite 2900

City: Miami State: FL Zip Code: 33131

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Charles Bond VP — REGISTERED AGENT MUST SIGN — Date: 12/12/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Lillie M. Williams	1180 NW 50 Street	Miami, Florida 33127

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 contained in Chapter 119, 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: Lillie M Williams 12/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR — Date — Daytime Phone #