

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -6 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000034930

1. Corporation Name

DEEDCO VILLA HERMOSA, INC.

Principal Place of Business

C/O DEEDCO
141 N.E. 3RD AVE., SUITE 500
MIAMI FL 33132

Mailing Address

C/O DEEDCO
141 N.E. 3RD AVE., SUITE 500
MIAMI FL 33132



If above addresses are incorrect in any way, line through incorrect information and enter correct information below.

2. New Principal Office Address, If Applicable

105 S.E. 12 Avenue
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

105 SE 12 Avenue
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/1998

5. FEI Number

59-2544297

Applied For

Not Applicable

City & State

Homestead, FL

City & State

Homestead, FL

Zip

33030

Country

USA

Zip

33030

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VICKERS, MILTON D	141 N.E. 3RD AVENUE SUITE 500	MIAMI FL 33132
			300009690373 05/06/03--01085--013 **150.00
			300009690373 12/26/02--01037--007 **750.00

8. Name and Address of Current Registered Agent

WOLFE, LEON J
C/O BERMAN WOLFE & RENNERT, P.A.
35TH FLOOR, INT'L PLACE 100 SE SECOND ST.
MIAMI FL 33131-2130

9. Name and Address of New Registered Agent

Name REGISTERED AGENTS OF FLORIDA
Street Address (P.O. Box Number is Not Acceptable)
100 S.E. SECOND ST.
Suite, Apt. #, Etc. #2900
City Miami
State FL
Zip Code 33131

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11. 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: Milton D. Vickers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/02 (35) 242-8866
Date Daytime Phone #

CR2ED40 (8/02)