

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 13 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000041260**

1. Corporation Name

FLORIDA VILLAS DIRECT, INC.

2. Principal Office Address  
8820 Phillips Bay Drive

Suite, Apt. #, etc.

City & State  
Orlando, Florida

Zip  
32836

Country  
USA

3. Mailing Office Address  
8820 Phillips Bay Drive

Suite, Apt. #, etc.

City & State  
Orlando, Florida

Zip  
32836

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 05/04/1998

5. FEI Number  
59-3507540

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 03-04

**7. Name and Address of Current Registered Agent**

Name  
Garrett Kenny

Street Address (P.O. Box Number is Not Acceptable)  
8820 Phillips Bay Drive

Suite, Apt. #, Etc.

City  
Orlando

State  
FL

Zip Code  
32836

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

*Garrett Kenny*

REGISTERED AGENT MUST SIGN

Date 4-8-04

**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
DP	Garrett Kenny	8820 Phillips Bay Drive	Orlando, Florida 32836

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:**

*Garrett Kenny*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-04

Date

407-397-2247

Daytime Phone #

CR2081 (01/04)



Fort Lauderdale  
Jacksonville  
Miami  
Orlando  
Tallahassee  
Tampa  
Washington, DC  
West Palm Beach

Citrus Center, 17th Floor  
255 South Orange Avenue  
Orlando, Florida 32801-3483

Post Office Box 231 *mail*  
Orlando, Florida 32802-0231

[www.akerman.com](http://www.akerman.com)

407 843 7860 *tel* 407 843 6610 *fax*

April 12, 2004

Rebecca S Matz  
407 419 8419  
[rmatz@akerman.com](mailto:rmatz@akerman.com)

Via Federal Express  
Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

**Re: Florida Villas Direct, Inc. / Corporation Reinstatement**

Dear Sir/Madam:

Enclosed herewith please find an original, executed Corporation Reinstatement form for filing in connection with the above-referenced corporation, together with the corporation's Check No. 1763 in the amount of \$308.75 to cover the cost of same. I have also enclosed a self-addressed envelope for return of the Certificate of Status to be issued in connection therewith.

Please do not hesitate to call me with questions or if you need anything further in this regard. Thank you in advance for your assistance.

Very truly yours,

**AKERMAN SENTERFITT**

Rebecca S Matz  
For the Firm

Enclosures

cc: Mr. Garrett Kenny (w/encl.)  
Martha A. Hartley, Esq. (w/encl.)