5.0

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING MILIS FORM.		
CORPORATION REINSTATEMENT	LORIDA DEPARTMENT OF STATE  Jim Smith  Secretary of State  DIVISION OF CORPORATIONS	03 APR 10 AM 10: 13  SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P9900  1. Corporation Name  VIIIA NOVA Proper		TALLAHASSEE, FLORIDA
VIIIA NOVA Proper	ties, Inc	100015559281 04/09/0301061030 **8.75
160 Myetlo Driva	3. Mailing Office Address FO Boy 1495 Suite, Apt. #, etc.	100015559281 04/09/0301061029 **450.00
	Cipy-6, State	4. Date Incorporated or Qualified To Do Business in Florida 6-29-99
Santa Kosa Beach FL	SANTA KOSA BCH, FL	5. FEI Number X Applied For Not Applicable
32459 USA	32459 USA	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City Canta ROSA	BUACH	State Zip Code FL 32459
8. I, being appointed the registered agent of the above named condition, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN		
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 fom Draper	325 BEXHOLDE.	Drive PANAMA Gety BOACH
'		FL 32461
D TERESA BAUM	Keonytle Da	Ve SentaRoa Beaza (
		FL , 32459
		,
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 Date Dayline Phone #		

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## April 4, 2003

To:

**Division of Corporations** 

From:

Teresa Baum

Re:

Villa Nova Properties, Inc.

Corporate Reinstatement - Active Status

I am writing to inform you that I have not received the 2001 or 2002 Uniform Business Report. I have attached the documents I pulled off the internet to show you that you have listed my principal address and my mailing address as the same.

I have never been able to receive mail at 160 Myrtle Drive, my principal address. My mailing address is and has been for the past 9 years as follows:

Villa Nova Properties, Inc. c/o Teresa Baum P.O. Box 1695 Santa Rosa Beach, FL 34259

I am enclosing a check for \$450.00 for the UBR fees for 2001,2002 & 2003 per your instructions. In addition, \$8.75 for a Certificate of Status. Please make the address change and I look forward to receiving future URB reports at the above listed address.

Thank you for your assistance and for helping me resolve this problem.

Sincerely,

Teresa Baum