

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL 28 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S54496**

1. Corporation Name

VILLATEL, INC.

2. Principal Office Address

2928 VINELAND RD.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip

34746

Country

OSCEOLA

3. Mailing Office Address

2928 VINELAND RD.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip

34746

Country

OSCEOLA

600021862316
07/28/03--01068--014 **600.00

4. Date Incorporated or Qualified
To Do Business in Florida

5/22/1991

5. FEI Number

59-3071468

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NEAL COHAN

Street Address (P.O. Box Number is Not Acceptable)

2928 VINELAND RD.

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34746

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

Neal Cohan

Date **7/24/03**

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
P	NEAL COHAN	2928 VINELAND RD.	KISSIMMEE, FL 34746
VP	THOMAS MCCULLOCH	2928 VINELAND RD.	KISSIMMEE, FL 34746
S	THOMAS MCCULLOCH	2928 VINELAND RD.	KISSIMMEE, FL 34746
T	NEAL COHAN	2928 VINELAND RD.	KISSIMMEE, FL 34746

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:

Neal Cohan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/03

Date

407-397-0700

Daytime Phone #

CR2E081 (10/02)

7/28



July 24, 2003

Dept. of State
Div. Of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Document #S54496
Villatel, Inc.

TO WHOM IT MAY CONCERN:

Enclosed please find a reinstatement fee for the above-named corporation. I have also enclosed the fully-completed corporation reinstatement form.

We have just learned that this corporation had been administratively dissolved, as we at no time received any notification pursuant to that action. It is my further understanding that, accordingly, the fee for reinstatement under these circumstances is \$600.00. This is to cover the four-year period during which the corporation has been in a state of dissolution.

Please send me any documentation appropriate to the reinstatement of this corporation. Thank you for your assistance in this matter.

Sincerely,

Neal Cohan
Villatel, Inc.
2928 Vineland Road
Kissimmee, FL 34746