

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V20238

1. Corporation Name

VILLAS OF KINGS CROSSING, INC.

Principal Place of Business

12077 SW KINGSWAY C  
LAKE SUZY FL 33821  
US

Mailing Address

12077 SW KINGSWAY CR  
LAKE SUZY FL 33821  
US

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

2. New Principal Office Address, If Applicable

12607 SW Kingsway Cr.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

12607 SW Kingsway Cr.  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

03/11/1992

5. FEI Number

65-0335236

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DPVP	BISHOP, BRAD	12077 SW KINGSWAY CIRCLE 12607 SW Kingsway Cr.	LAKE SUZY FL 34266
S	BISHOP, LISA	12077 SW KINGSWAY CIRCLE 12607 SW Kingsway Cr.	LAKE SUZY FL 34266
			400002587504--4 -07/14/98--01008--015 ****150.00 ****150.00
			400002587504--4 -07/14/98--01008--016 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALDRON JR, EUGENE E.  
124 N BREVARD AVE  
ARCADIA FL 33821

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of  
Registered Agent

Eugene E. Waldron

REGISTERED AGENT MUST SIGN

Date

3/26/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on Intangible tax.)

12. 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)(l), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brad Bishop

Date

Daytime Phone #

3-24-98 941-639-8500

FILED

98 JUL -6 AM 8:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 97-98

CR2040 (8/97)