

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 DEC 13 AM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11052007 REIN-NP CR2E099 (1/07)

DOCUMENT # 707385			
1. Entity Name FOUNTAINVIEW ASSOCIATION INC #3, A CONDOMINIUM			
Principal Place of Business 1400 N.E. 169TH ST. APT #109, BLDG 3 N. MIAMI BCH., FL 33162 US		Mailing Address 1400 N.E. 169TH ST. APT #109, BLDG 3 N. MIAMI BCH., FL 33162 US	
2. Principal Place of Business - No P.O. Box # 1400 NE 169th St		3. Mailing Address	
Suite, Apt. #, etc. APT # 212 Bldg 3		Suite, Apt. #, etc.	
City & State NORTH MIAMI BEACH		City & State	
Zip 33162		Country US	

4. FEI Number 59-1114982	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KATZMAN, SANDRA 1400 N.E. 169TH ST. #212 N. MIAMI BCH., FL 33162	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sandra Katzman*
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete	TITLE Doris Ocampo (director)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KATZMAN, SANDRA		NAME maintenancia	
STREET ADDRESS 1400 NE 169ST #212		STREET ADDRESS 1400 NE 169st # 104	
CITY-ST-ZIP N. MIAMI BCH., FL 33162		CITY-ST-ZIP NMB 21. 33162	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE Carlos Cajamanc	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MENDOZA, EDDIE		NAME 1400 NE 169st # 107	
STREET ADDRESS 260 NE 99 ST		STREET ADDRESS V. President	
CITY-ST-ZIP MIAMI SHORES, FL 33138		CITY-ST-ZIP NMB 33162	
TITLE D	<input type="checkbox"/> Delete	TITLE María Fernandez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CUMMINGS, WAYNE		NAME 1400 NE 169st # 314	
STREET ADDRESS 1400 NE 189 ST #305		STREET ADDRESS Secretary	
CITY-ST-ZIP N. MIAMI BCH., FL 33162		CITY-ST-ZIP NMB 21 33162	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DRESSLER, MURIEL		NAME	
STREET ADDRESS 1400 NE 169 ST #103		STREET ADDRESS	
CITY-ST-ZIP N MIAMI BCH, FL 33162		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandra Katzman* 12/13/07