

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 24 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717956

1. Corporation Name

Faircondo, Inc. A Condominium Association
300

REINSTATEMENT 01-03

2. Principal Office Address

300 E. Royal Palm Road

3. Mailing Office Address

500 NE Spanish River Blvd

600011625716

02/03/03--01097--017 **358.75

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 18

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33432

Country

USA

Zip

33431

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/1970

5. FEI Number

59-1288423

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

Ernest W. Willis

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

500 NE Spanish River Blvd.

Suite, Apt. #, Etc.

Suite 18

City

Boca Raton

State
FL

Zip Code
33431

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

Ernest W. Willis

REGISTERED AGENT MUST SIGN

Date

1-29-2003

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 | Thomas LaFrenier | 300 E. Royal Palm Road | Boca Raton, FL 33432 |
| DT | Billie White | 300 E. Royal Palm Road | Boca Raton, FL 33432 |
| D | William Werpehowski | 300 E. Royal Palm Road | Boca Raton, FL 33432 |
| DS | Nancy Lightbody | 300 E. Royal Palm Road | Boca Raton, FL 33432 |
| D | Barry Hoffman | 300 E. Royal Palm Road | Boca Raton, FL 33432 |

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:

Thomas LaFrenier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/03

Daytime Phone #

CR2E08 (10/02)

2/25