

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 FEB -9 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # No 2000000 557B

1. Corporation Name

FAIRWINDS CONDOMINIUM, INCORPORATED

REINSTATEMENT 2-9-05

2003-0005

RC

2. Principal Office Address
19734 Gulf Blvd.

3. Mailing Office Address
1022 Main Street, Suite C.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Indian Shores, FL

City & State
Dunedin, FL

Zip
33785

Country
Pinellas

Zip
34698

Country
Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida 07/22/2002

5. FEI Number

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
Hassan Salhani

Street Address (P.O. Box Number is Not Acceptable)
19734 GULF BLVD.

Suite, Apt. #, Etc.

City INDIAN SHORES, FL 33785

State
FL

Zip Code

800046244768
02/09/05 01006 001 **358.75

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

Hassan Salhani

REGISTERED AGENT MUST SIGN

Date 1-31-05

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
Dir	Hassan Salhani	19734 Gulf Blvd.	Indian Shores, FL 33785
Dir	Giorgio Vallar	1022 Main Street, Suite C	Dunedin, FL 34698
Dir	Deborah Mittle	1022 Main Street, Suite C	Dunedin, FL 34698

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:

Hassan Salhani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-05

Date

727-733-4616

Daytime Phone #

CR2E081 (01/05)