

PLEASE READ ALL INSTRUCTIONS, BEFORE COMPLETING THIS FORM.

**FILED**

09 JAN 28 PM 4:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # NO6 000001564

1. Corporation Name

Fusion Gardens Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #

945 South Federal Highway

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Main Building

Suite, Apt. #, etc.

City & State

Dania Beach, Florida

City & State

Zip

33006

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/15/06

5. FEI Number

205299989

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

Jerry Tepps, Esq.

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

10167 W. Sunrise Blvd.

Suite, Apt. #, Etc.

3rd Floor

City

Plantation

State

FL

Zip Code

33322

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

1/26/09

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
PD	Martha Estrada	945 South Federal Highway	Dania Beach, Florida 33006
VD	Hector Estrada	945 South Federal Highway	Dania Beach, Florida 33006
STD	Jorge Vanegas	945 South Federal Highway	Dania Beach, Florida 33006

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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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/27/09

786-326-8344

Daytime Phone #

1260