

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 MAR 16 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000001564

1. Corporation Name

Fusion Gardens Condominium Association, Inc.

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

1455 Holly Heights Drive

3. Mailing Office Address

1455 Holly Heights Drive

Suite, Apt. #, etc.

#22

Suite, Apt. #, etc.

#22

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33304

Country

USA

Zip

33304

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/15/06

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

Becker & Poliakoff, P.A.

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

3111 Stirling Road

Suite, Apt. #, Etc.

City

Fort Lauderdale, FL 33312

State

FL

Zip Code

33312

REINSTATEMENT 11-12

MAR 16 2012

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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 2-27-12

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
P	Chris Peplowski	1455 Holly Heights Drive #22	Fort Lauderdale, FL 33304
VP	Eric Doucet	145 Place du Soleil	Montreal, Qc H3E 1R9 Canada
S	Christian Santiago	1314 E. Las Olas Blvd	Fort Lauderdale, FL 33301

10. E-mail Address: wotto@bellsouth.net

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/12 954-459-1255

Date

Daytime Phone #