

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAR 19 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28447

1. Corporation Name

Fountain House Condominium Association, Inc.

000172649530
03/19/10--01040--011 ***603.75

REINSTATEMENT 04-10

2. Principal Office Address - No P.O. Box # 6843 Main Street		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Lakes, FL		City & State	
Zip 33014	Country Miami-Dade	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0102665	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Stuart S. Wyllie			
Street Address (P.O. Box Number is Not Acceptable) 6843 Main Street			
Suite, Apt. #, Etc.			
City Miami Lakes	State FL	Zip Code 33014	

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: Date: March 16, 2010

REGISTERED AGENT MUST SIGN

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	Elizabeth G. Martinez	6843 Main Street	Miami Lakes, FL 33014
VD	Luis O. Martinez	6843 Main Street	Miami Lakes, FL 33014
STD	Edwin E. Feathers	6843 Main Street	Miami Lakes, FL 33014

10. E-mail Address: _____
(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., 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.

SIGNATURE: Edwin E. Feathers Date: March 16, 2010 305-817-4056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/22/10