

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N29047**

1. Corporation Name  
**FAIRWAY CLUB HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address

3698 N.W. 83 LANE      3698 NW 83 LANE  
SUNRISE FL 33351      SUNRISE FL 33351  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable      3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

FILED

99 NOV -1 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/28/1988

5. FEI Number **65-0088653**

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
TD	GILLOCK, KATHY	3694 NW 83 LN	SUNRISE FL
VP	STONE, JOSEPH	3658 NW 83 LN	SUNRISE FL
PD	TOOMEY, DEBBIE	3632 NW 83RD LANE	SUNRISE FL
SD	DAMORE, TONY	3649 NW 83 LN	SUNRISE FL
D	<del>SIMORE, HONEY</del> <b>Coviello, SARAH</b>	<del>3698 NW 83 LN</del> <b>3645</b>	SUNRISE FL <b>SP</b>

8. Name and Address of Current Registered Agent

**ADVANCED ACCOUNTING PLUS**  
7209 NW 73 AVE  
TAMARAC FL 33321

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**500003043175--8**

Suite, Apt. #, Etc.  
**-11712/99--01103--014**

City  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent \_\_\_\_\_

REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

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 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: **Debbie Toomey, President**      10/29/99      954-749-1931

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



Homeowners Association

3698 N.W. 83rd Lane  
Sunrise, FL 33351

October 29, 1999

Dear Sir:

We mailed a check out on  
July 2, 1999, check #1719 in the amount  
of \$61.25, the check is still outstanding.  
Please accept this new ck #1772 to  
replace the lost check.

I was instructed to send these  
papers in with a new check.

Thank you for your help.

Sincerely,

Debbie Toomey, President