

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PAGE TWO

FILED

02 AUG 16 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1940000 03525

1. Corporation Name FAIRWAYS & GREENS CONDOMINIUM ASSOCIATION INC.

400007289944--2  
-08/22/02--01064--007  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

2. Principal Office Address

3300-3360 Beneva Rd

Suite, Apt. #, etc.

Box 100

City & State

SARASOTA, FL

Zip

34232

3. Mailing Office Address

3300-3360 Beneva Rd

Suite, Apt. #, etc.

Box 100

City & State

SARASOTA, FL

Zip

34232

4. Date Incorporated or Qualified To Do Business in Florida

7/8/94

5. FEI Number

65-0520202

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

06/14/01 90011 dlo \$61.25

7. Name and Address of Current Registered Agent

Name

Peter Petersen

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

3300-3360 BENEVA ROAD

Suite, Apt. #, Etc.

Box 100

City

SARASOTA

State

FL

Zip Code

34232

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

Peter Petersen

REGISTERED AGENT MUST SIGN

Date

JUNE-17-02

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
<u>P/D</u>	<u>Peter Petersen</u>	<u>3360 Beneva Rd #123</u>	<u>SARASOTA, FL 34232</u>
<u>V.P/D</u>	<u>DAN MESSINA</u>	<u>5385 New Lovington Dr.</u>	<u>SARASOTA, FL 34233</u>
<u>D</u>	<u>JOEL DAVIES</u>	<u>3360 Beneva Rd #113</u>	<u>SARASOTA, FL 34232</u>

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:

Peter Petersen 6/17/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

To: DEPARTMENT OF STATE  
CORPORATE FILING SECTION  
REINSTATEMENT DIVISION  
409 EAST GAINES STREET  
TALLAHASSEE, FL 32314

From: R Z BLACKSMITH, INC  
631 SW 6<sup>TH</sup> STREET  
HALLANDALE, FL 33009  
FL Doc #P01000106593  
EIN #65-1152327

RE: Corporation Reinstatement and Fee

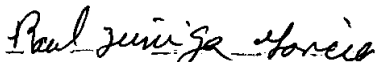
August 9, 2002

Attn: Katherine Harris;

My accountant was gathering all my documents and he noticed that my annual report had not been filed. I, Raul Zuniga Garcia, never received that annual report to my above address. I am still doing business in Florida. Please accept the filling fees for the Annual Report for year 2002 of \$150.00 and reinstate my corporation.

Thank you.

Sincerely,

  
Raul Zuniga Garcia  
President of R Z Blacksmith, Inc.

FOR THE STATE OF FLORIDA, I HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENTS FILED WITH THE SECRETARY OF STATE.