

PLEASE READ ALL INSTRUCTIONS BEFORE

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003525**

1. Corporation Name

**FAIRWAYS & GREENS CONDOMINIUM  
ASSOCIATION**

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

**3300 BENEVA ROAD**

Suite, Apt. #, etc.

City & State

**SARASOTA FL**

Zip

**34232**

Country

**USA**

3. Mailing Office Address

**3300 BENEVA RD #100**

Suite, Apt. #, etc.

City & State

**SARASOTA FL**

Zip

**34232**

Country

**USA**

7. Name and Address of Current Registered Agent

Name

**PETERSEN, PETER**

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

**3360 BENEVA RD APT 123**

Suite, Apt. #, Etc.

**APT. 123**

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

**JAN. - 29 - 2015**

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	PETER PETERSEN	3360 BENEVA RD #123	SARASOTA FL 34232
V	PATEL, SUDHIA	1307 WESTPORT LN	SARASOTA FL 34232
D	COOK, GEORGE	9432 GLEN ABBY LANE	SARASOTA, FL 34238
D	BRIM, JOSEPH	3300 BENEVA RD #211	SARASOTA, FL 34232
D	BENTSEN, HARRY	3360 BENEVA RD #122	SARASOTA, FL 34232

10. E-mail Address: **FAIRWAYS AND GREENS CONDOS @ GMAIL.COM**

(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:

*Peter Petersen* PETER PETERSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN. - 29 - 2015**

DATE DAYTIME PHONE #

FILED

15 FEB 18 PM 11: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.

**REINSTATEMENT**

CR2E081 (11/10) **2014-2015**

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/08/1994**

5. FEI Number

**650520202**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**700269102767**

**02/18/15--01009--014 \*\*81.25**

**700269102767**

**02/04/15--01003--013 \*\*236.25**

FEB 18 2015