

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
02 MAY -6 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 799000006341

1. Corporation Name

**THE FOUNTAINS AT FOUNTANBLEAU # 3
CONDOMINIUM ASSOCIATION ,INC.**

2. Principal Office Address

9360 SUNSET DRIVE

Suite, Apt. #, etc.

2525

City & State

MIAMI, FL

Zip

33173

Country

U.S.A

3. Mailing Office Address

9360 SUNSET DRIVE

Suite, Apt. #, etc.

252

City & State

MIAMI, FL

Zip

33173

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1011238

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

EDO MELONI

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

900 S.W. 40 th AVENUE

Suite, Apt. #, Etc.

City

PLANTATION, FL

800005555338-4

05/16/02-01065-013

*******61.25 *****61.25**

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

4/30/02

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
P.D.	RASH HAROLD	9360 SUNSET DRIVE # 252	MIAMI, FL 33173
VP.D.	MARIA HERNADEZ	9360 SUNSET DRIVE # 252	MIAMI, FL 33173
Tr.D.	JOSE A. TELLAS	9360 SUNSET DRIVE # 252	MIAMI, FL 33173
D.D.	PEDRO RAUL PEREIRA	9360 SUNSET DRIVE # 252	MIAMI, FL 33173
S.D.	RENE L. ALES	" "	" "

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]
MARIA Hernandez

Date

4/25/02

Daytime Phone #

(786) 437-3925

CR2E081 (9/00)