

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 AUG 27 AM 10:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 707286

1. Corporation Name
 FOUNTAINVIEW ASSOCIATION INC.
 # 2 A CONDOMINIUM

700002977677--3

-09/02/99--01101--005
 *****306.25 *****306.25

Principal Place of Business Mailing Address
 16801 N.E. 14th AVE 16801 N.E. 14th AVE
 3115 3115
 N.M.B. FL. 33162 N.M.B. FL. 33162

REINSTATEMENT 98-99 (M)

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	4. Date Incorporated or Qualified To Do Business in Florida 5-13-1964
Suite, Apt. #, etc. APT. # 115	Suite, Apt. #, etc.	5. FEI Number 591103623
City & State N.M.B. FL.	City & State	Applied For Not Applicable
Zip 33162	Country U.S.A.	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	TERESITA LOZANO	465 NE 109 ST. MIA FL.	MIA. FL. 33161
VP D	ROBERT KRITZMAN	16201 N.E. 14 AVE. #107 NMD FL 33162	N.M.B FL. 33162
SD	RICARDO RICARDO PACHECO	16801 NE 14 AVE #307	N.M.B FL. 33162
TD	TERESITA LOZANO	465 NE 109. ST.	MIA. FL-33162

8. Name and Address of Current Registered Agent DARINA, ANNA 16801 N.E. 14 AVE, APT. # 102 N.M.B. FL. 33162	9. Name and Address of New Registered Agent Name NEIDA QUINTANA Street Address (P.O. Box Number is Not Acceptable) 16801 NE 14 AVE # 115 Suite, Apt. #, Etc. APTO: 115 City N.M.B State FL Zip Code 33162
---	--

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 *Neida Quintana* REGISTERED AGENT MUST SIGN Date 8-24-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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., the 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 8-24-99 Daytime Phone # 305-934-6766

CR2E061 (12/96)