

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

FILED
02 JUL 11 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707286

1. Corporation Name

Fountainview Association Inc., #2 A Condominium

800006347508--3
-07/12/02--01017--021
****236.25 ****236.25

REINSTATEMENT 01-02

2. Principal Office Address

16801 NE 14th Avenue

Suite, Apt. #, etc.

206

City & State

North Miami Beach Florida

Zip
33162

Country
USA

3. Mailing Office Address

16801 NE 14th Avenue

Suite, Apt. #, etc.

206

City & State

North Miami Beach, FL

Zip
33162

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5-13-1964

5. FEI Number

591103623

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 Yigal D. Kahana, Esq.

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

12865 W. Dixie Highway,

Suite, Apt. #, Etc.

City

North Miami

800006347508--3
-07/12/02--01017--022
*****61.25 *****61.25

State
FL Zip Code
33161

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 APRIL 5, 2002

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
D	Raquel Alfonso, Vice President	16801 NE 14th Ave., #206	NMB, FL 33162
D	Helena Manville, Secretary	16801 NE 14th Ave., #308	NMB, FL 33162
D	Arlene O'Brien, President	16801 NE 14th Ave., #309	NMB, FL 33162
	Alaina Lewis	16801 NE 14th Ave., #214	NMB, FL 33162

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 305)947-6437
Date Daytime Phone #

CR2E081 (9/01)

7/11/02

R.S.D. ASSOCIATES, INC

July 9, 2002

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL. 32399

Dear Sir or Madam:

Enclosed please find our application for Corporation Reinstatement, and our check in the amount of \$308.75. This covers two years annual report fees and \$8.75 for a Certificate of status.

As I explained to Kathy in the reinstatement department we moved and the Annual Report was not forwarded, consequently we didn't realize this so it wasn't filed. Our correct mailing address is on the application for Reinstatement.

Thank-you for your consideration in this matter.

Sincerely,



Stacie Dable
President