SIGNATURE:

AGUA TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINCETOR

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CORPORATION REINSTATEMENT FLORIDA DESCRIPTION OF STATE Katherine Harris Secretary of State Dissistance Dissi		PLEASE REAL	ALL INSTRU	CTIONS BEFORE	E COMPL	ETING THIS FOF	
1. Corporation Name Fountainview Association Inc., #2 A Condominium 300006347508 3 - 3 - 07/12/02-01017-021	8	ATION	FLORIDA DES Kath Secre	CRIMENT OF STATI erine Harris etary of State	_	D2 JUL 11 PH	/: ₂
2. Principal Office Address 2. Principal Office Address 3. Maxing Office Address 16801 NE 14th Avenue 16801 NE 14th Avenue 16801 NE 14th Avenue 2. O6					1	ALLAHASSIE FLORI	TE NO
Suite, Apt. #, etc. 2.06 2.07 2.0	Fountainvi	ew Association	Inc., #2 A C	Condominium	E	-07/12/0201017021	24 -3 25
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North Miami Beach Florida North Miami Beach, FL S. Flamber S. Flam			206		4. Date Inc	corporated or Qualified	
To a Country and Address of Current Registered Agent 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, Sulfa, Apir, #, Etc. City North Miami I. being appointed the religistered Agent Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Or Raquel Alghonso, Vice Periods 16801 NE 14th Ave., #206 NMB, FL 33162 Arlene O'Brien; President 16801 NE 14th Ave., #309 NMB, FL 33162 NMB, FL 33162 NMB, FL 33162	-				10 00 E	5/1-3/1964 — -	į
33162 USA 33162 Country 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8.000056347508 3.162 Street Address (P.O. Box Number is Not Acceptable) 12865 W. Dixie Highway, Sulfe, Apt. #, Etc. City North Miami 1. Is being appointed the religitered agent of the above named coxporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. prature of PL 33161 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Names and Street Addresses of Each Officer and/or Director (Florida				mi_Beach, _ FL	5. FEI Nur	mber Applied For	
7. Name and Address of Current Registered Agent Name Yiga1 D. Kahana, Esq. Street Address (P.O. Box Number is Not Acceptable) 12865 W. Dixie Highway, Sute, Aipt #. Etc. City North Miami I. being appointed the rehistered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. agranture of REGISTERED AGENT MUST SIGN Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Names of Officers and/or Directors Officers and/or Directors Officer and/or Director Officer and/or Directo	•	, · · · · · · · · · · · · · · · · · · ·			6. CERTIFIC	ATE OF STATUS DESIRED \$8.75 Additional Fee reg	uired
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	and approaudit is th	ue and accurate, and my signa	ture shall have the same	legal affect as if made under o	ath.	of section 607.0401 or 617.0401, F.S., that all fees er section 119.07(3)(i), F.S. The information indicated	1

15 7/10/02

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

Wacie Dable