


1 of 2

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # 707286**

1. Entity Name  
FOUNTAINVIEW ASSOCIATION INC #2 A CONDOMINIUM



FILED  
05 FEB 28 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
16801 N.E. 14TH AVE.  
APT. #210  
NORTH MIAMI BEACH, FL 33162 US

Mailing Address  
16801 N.E. 14TH AVE.  
APT. #210  
NORTH MIAMI BEACH, FL 33162 US



**REINSTATEMENT** 04-05  
11182004 REIN-NP CR2E099(6704)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
59-1103623

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAHANA-YIGAL-D ESQ.  
12805 W. DIXIE HIGHWAY  
NORTH MIAMI, FL 33161

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE Feb. 22, 2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2005, Fee will be \$297.50**

Make check payable to  
Florida Department of State

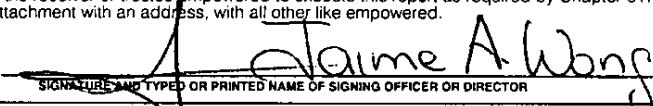
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMIREZ, CARMELO 16801 NE 14TH AVE 108 NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALVARADO, OLGA 16801 NE 14TH AVE APT 110 NORTH MIAMI, FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WONG, JAIME 16801 NE 14TH AVE APT 210 NORTH MIAMI, FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	900044692449 03/08/05--01009--017 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900044692449 01/13/05--01052--009 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Officer Sue Kirk 16801 NE 14 Av Apt. 202 Miami, FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 12/10/04 DAYTIME PHONE #: 7868452638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20/2

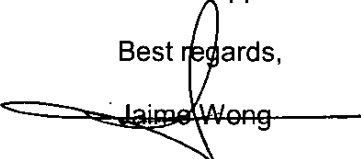
Dear Sir or Madam:

To Whom It May Concern:

Please note that we have not received previous notification of

We will appreciate if you make the changes to the charges accordingly.

Best regards,

  
~~Jaime Wong~~

FVCA. Bldg. 2

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