

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
10 JUN 21 AM 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **707286**  
1. Corporation Name  
**Fountainview Association INC #2**  
**A condominium**

**REINSTATEMENT 08-10**  
**800182421828**  
**06/21/10--01060--013 \*\*\*358.75**  
CR2E081 (6/10)

2. Principal Office Address - No P.O. Box # <b>16801 NE 14 Ave</b>		3. Mailing Office Address <b>16801 NE 14 Ave</b>	
Suite, Apt. #, etc. <b>212</b>		Suite, Apt. #, etc. <b>212</b>	
City & State <b>NORTH MIAMI FL</b>		City & State <b>NORTH MIAMI FL</b>	
Zip <b>33162</b>	Country <b>USA</b>	Zip <b>33162</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida **05/13/1964**

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  
**CLARA MASSES**

Street Address (P.O. Box Number is Not Acceptable)  
**16801 NE 14 Ave**

Suite, Apt. #, Etc.  
**apto 212**

City  
**NORTH MIAMI BEACH** State **FL** Zip Code **33162**

*JR 6/22*

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 *x Clara MASSES* Date **6/15/2010**  
REGISTERED AGENT MUST SIGN

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
Pdte	Jose' Guevara	16801 NE 14 Ave apto 103	NORTH M. Beach 33162 FL
Vice.	MARIA WALTER	16801 NE 14 Ave apto 309	NORTH M. Beach 33162 FL
SECRETARY	SILVIA GARCIA	16801 NE 14 Ave apto 114	NORTH M. Beach 33162 FL
TREASURER	CLARA MASSES	16801 NE 14 Ave apto 212	NORTH M. Beach 33162 FL
D	Raydel MERINO	16801 NE 14 Ave apto 104	NORTH M. Beach 33162 FL

10. E-mail Address: \_\_\_\_\_  
(To be used for future annual report notification)

11. 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. I further certify, 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: *x Clara MASSES* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_