


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 FEB 11 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 2013-2014		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715082

1. Corporation Name

Fairfax Hall Condominium Corp., Inc

2. Principal Office Address - No P.O. Box # 4411 NW 16th Street	3. Mailing Office Address c/o Lauderhill Ten Management Corp
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
	4301 NW 16th Street

City & State Lauderhill FL	City & State Lauderhill FL
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Zip 33313	Country USA	Zip 33313	Country
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CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 08/09/1968	
5. FEI Number 59-1320167	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 Emile Gauvreau		
Street Address (P.O. Box Number is Not Acceptable) 4301 NW 16th Street		
Suite, Apt. #, Etc.		
City Lauderhill	State FL	Zip Code 33313

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02/11/14--01002--002 **2975.00

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 *[Signature]* Date 01/30/2014
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
P	Michel Moisan	4411 NW 16th Street, F-106	Lauderhill, FL 33313
VP	Emile Gauvreau	4411 NW 16th Street, F-301	Lauderhill, FL 33313
T	Jean Guy Cote	4411 NW 16th Street, F-101	Lauderhill, FL 33313
S	Madeleine Lepage	4411 NW 16th Street, F-303	Lauderhill, FL 33313
D	Robert Dupont	4411 NW 16th Street, F-105	Lauderhill, FL 33313

10. E-mail Address: lauderhill10@comcast.net

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Jean Guy Cote* *[Signature]* 01/30/2014 9547331922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #