

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2013-2014



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 FEB 11 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715082

1. Corporation Name

Fairfax Hall Condominium Corp., Inc

2. Principal Office Address - No P.O. Box #

4411 NW 16th Street

Suite, Apt. #, etc.

City & State

Lauderhill FL

Zip

33313

Country

USA

3. Mailing Office Address

c/o Lauderhill Ten Management Corp

Suite, Apt. #, etc.

4301 NW 16th Street

City & State

Lauderhill FL

Zip

33313

Country

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

900256585699
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

REGISTERED AGENT MUST SIGN

Date 01/30/2014

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/2014

9547331922

Date

Daytime Phone #

K. ASHTON