

1004000007012
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 26 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749229

1. Corporation Name

FAIRVIEW CONDOMINIUM ASSOCIATION, INC.

REINSTATEMENT 02-04

000028932950
02/17/04--01030--015 **358.75

2. Principal Office Address

1100 Beach Road

Suite, Apt. #, etc.

City & State

Riviera Beach, Florida

Zip
33404

Country

Palm Beach

3. Mailing Office Address

P. O. Box 9491

Suite, Apt. #, etc.

City & State

Riviera Beach, Florida

Zip
33419

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/79

5. FEI Number

65-02-15074

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

James M. Stewart, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1211 The Plaza

Suite, Apt. #, Etc.

City

Singer Island

State
FL

Zip Code

33404

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]

REGISTERED AGENT MUST SIGN

Date

2/24/04

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
PD	Rittman, Doris	34 Monmouth Place	Longbranch, N.J. 07740
VPD	Alexandre, Sally	109 Main Street	Ogunquit, MN 03907-0334
D	Alexandre, Robert	109 Main Street	Ogunquit, MN 03907-0334
ATD	Danculovich, Robert	1100 Beach Road, #4	Riviera Beach, Fl. 33404

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

[Signature] PRES. 2-10-04 2477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)