

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR 13 PM 3:50

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000000416**

1. Corporation Name  
**THE FOUNTAINVIEW CLUB NO. ONE  
CONDOMINIUM ASSOCIATION, INC.**

2. Principal Office Address  
**2845 GRANADA BLVD.**

Suite, Apt. #, etc.

City & State  
**CORAL GABLES FLA.**

Zip  
**33134**

Country  
**DADE**

3. Mailing Office Address  
**C/O GRIFFIN REALTY INC  
2050 CORAL WAY**

Suite, Apt. #, etc.

**SUITE #305**

City & State  
**MIAMI, FLA.**

Zip  
**33145**

Country  
**DADE**

**REINSTATEMENT 05-06**  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida **1/19/01**

5. FEI Number  
**59-1143319**

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  
**GRIFFIN REALTY, INC.**

Street Address (P.O. Box Number is Not Acceptable)  
**2050 CORAL WAY,**

Suite, Apt. #, Etc.  
**SUITE # 305**

City  
**MIAMI**

State  
**FL**

Zip Code  
**33145**

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

Date **3/3/06**

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
PD	CORDALES, MANUEL	2845 GRANADA BLVD #1A	CORAL GABLES, FLA 33134
VPD	YOUNG, THOMAS	2845 GRANADA BLVD #3B	CORAL GABLES, FLA 33134
STD	RACKOWE, MYRA	2845 GRANADA BLVD #3A	CORAL GABLES, FLA 33134
			900069538729 04/05/06--01034--023 **297.50

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Manuel Cordales**  
Date **March 3, 06** (305) 371-1311  
Daytime Phone #