

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 26 PM 2:09

DOCUMENT # N01000008366

1. Corporation Name

Fernwood Townhomes Condominium Association, Inc.

2. Principal Office Address

678 Fernwood Road

Suite, Apt. #, etc.

City & State

Key Biscayne, Fl.

Zip

33149

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

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

Pablo R. Bared, Esq.

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

1500 San Remo Avenue, Suite 103

Suite, Apt. #, Etc.

City

Coral Gables, FL

State
FL

Zip Code
33149

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 1/14/2005

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	Martin Rocha	678 Fernwood Rd.	Key Biscayne, FL. 33149
S	Jose Benito	Fernwood Rd.	Key Biscayne, FL. 33149

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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:

Martin Rocha

Martin Rocha, Pres.

1/14/04

305-874-5090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)