PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

T ELAGE READ 7
CORPORATION REINSTATEMENT
DOCUMENT # NO3000 1. Corporation Name
FAIRBANKS BUILDING (
2. Principal Office Address 2721 W. Fairbanks Avenue

FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

00/0620

CONDOMINIUM, INC.

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SECRETALT OF STATE TALLAHASSEE, FLORIDA

						706 01
2. Principal Office Address		3. Mailing Office Ad	ddress		· v · v · v · r · r · r · r · r · r · r	09-04
2721 W. Fairbanks Avenue		2721 W. Fairbanks Avenue		40	CR2E081 (12/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		ED		
Suite 100		Suite 100		4. Date Incorporated of To Do Business in F		1/02
City & State		City & State		12/4/03		
Winter Park, FL		Winter Park, FL		5. FEI Number		X Applied For Not Applicable
Zip	Country	Zip	Country	6.		
32789	USA	32789	USA	CERTIFICATE OF STAT		Additional Fee required a Certificate of Status
		7. Name a	nd Address of Current Regist	tered Agent		
Name	Name Ramsey Smathers, Esquire Street Address (P.O. Box Number is Not Acceptable) 2721 W. Fairbanks Avenue Suite, Apt. #, Etc. Suite 100			,		
Street Ad						
Suite, Ap						
City Winte		er Park	,	State FL		
8. I. being appointed the	ne registered agent of the abo	ove named corporation.	am familiar with and accept the	obligations of section 607.0	505 or 617.0503. F.S.	

Signature of Registered		Date				
9. Names	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			
D.	Ramsey Smathers	2721 W.Fairbanks Avenue Suite 100	Winter Park, FL 32789			
D.	Michael Barszcz	2721 W. Fairbanks Avenue Suite 200	Winter Park, FL 32789			
D.	Susan Smathers	2721 W. Fairbanks Avenue Suite 100	Winter Park, FL 32789			
		5) 10/10)0090692185 /0801067012 **358.75			

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 filling 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.

		50 - 00-	Smathers			
	"	yman	1 January W	RAMSEY	SMATHERS	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						

407-478-2225