

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 OCT 23 PM 3:25

**DOCUMENT # N05963**

1. Corporation Name  
**FONTANAR TOWNHOMES CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business 1691 W 58TH STREET HIALEAH FL 33012	Mailing Address 1691 W 58TH STREET HIALEAH FL 33012
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**REINSTATEMENT**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>11/01/1984</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2659545</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ARRIESSECQ, JUAN CARLOS	1691 W 58TH STREET	HIALEAH FL
D	ORTEGA, JULIO	1715 W. 58TH ST.	HIALEAH FL
D	GONZALEZ, CARLOS M.	5882 W 16 LANE	HIALEAH FL

~~800003454688-9~~  
 -11/07/00--01/25/05  
 \*\*\*\*236.25 \*0236.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>JUAN CARLOS ARRISSECQ</b> 1691 W 58TH STREET HIALEAH FL 33012		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Juan Carlos Arriessecq* **SIGNATURE REQUIRED** Date: \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

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., 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:** *Juan Carlos Arriessecq* **SIGNATURE REQUIRED** Date: 10-12-00 Daytime Phone #: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)