


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N06000010454</b> 1. Entity Name <b>THE FOUNTAINS TOWNCENTER CONDOMINIUM ASSOCIATION, INC.</b>						1/c FILED 07 OCT 20 AM 9:55 TALLAHASSEE, FLORIDA	
Principal Place of Business <b>8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741</b>				Mailing Address <b>8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>SHEIVE, RANDY 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; font-weight: bold; font-size: 1.2em;">REINSTATEMENT 2007</div> Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2008, Fee will be \$297.50</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHEIVE, RANDY 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741			TITLE NAME STREET ADDRESS CITY-ST-ZIP	800111193798 10/23/07--01017--005 **175.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHEIVE, KATHY 316 N. JOHN YOUNG PARKWAY KISSIMMEE, FL 34741			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BRUNSON, FRED 120 W. CARROLL STREET KISSIMMEE, FLORIDA 34744		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RUNSON, FRED 120 W. CARROLL STREET KISSIMMEE, FL 34744			TITLE NAME STREET ADDRESS CITY-ST-ZIP	5/15/07 9009 036-61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date Daytime Phone #</small>							

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**THE FOUNTAINS TOWNCENTER CONDOMNIMUM ASSOCIATION, INC**  
8 BROADWAY, SUITE 218  
KISSIMMEE, FLORIDA 34741  
PHONE: 407-847-4706  
FAX: 407-846-6604

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October 18, 2007

TO: Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314


RE: Reinstatement for The Fountains Towncenter Condominium Association

To Whom It May Concern:

We previously paid the \$61.25 for the 2007 Annual Report, unfortunately the EIN was left off the Original form. I have enclosed our check number 1164 in the amount of \$175.00 for the reinstatement fee and would ask that you please reinstate our company.

Thank you for you assistance.

Sincerely,



Randy Sheive