

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 24 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200065566072

02/10/06--01015--019 **1032.50

DOCUMENT # **N3B630**

1. Corporation Name

**FAIRWAY LANDINGS ASSOCIATION
INC**

2. Principal Office Address

9699 FAIRWOOD CT

Suite, Apt. #, etc.

City & State

PORT ST LUCIE FL

Zip

34986

Country

USA

3. Mailing Office Address

9699 FAIRWOOD CT

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE FL

Zip

34986

Country

REINSTATEMENT

93-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/1990

5. FEI Number

20-4106016

☒ 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

RAYMOND CROSSMAN

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

9630 LANDINGS DR

Suite, Apt. #, Etc.

City

PORT ST LUCIE

State

FL

Zip Code

34986

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

Raymond Crossman

REGISTERED AGENT MUST SIGN

Date **1/16/06**

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
VP	JANET DEERING	9629 FAIRWOOD CT	PORT ST. LUCIE FL 34986
VP	STUART ERSKINE	9699 FAIRWOOD CT	PORT ST LUCIE, FL 34986
P	RAYMOND CROSSMAN	9630 LANDINGS DR	PORT ST LUCIE, FL 34986

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:

Stuart B. Erskine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/06
Date

772-465-6735
Daytime Phone #

STUART B ERSKINE