

PLEASE READ ALL INSTRUCTIONS BEFORE

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003525**

1. Corporation Name

**FAIRWAYS & GREENS CONDOMINIUM
ASSOCIATION**

2. Principal Office Address - No P.O. Box #

3360 BENEVA ROAD

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip

34232

Country

USA

3. Mailing Office Address

3360 BENEVA RD #100

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip

34232

Country

USA

7. Name and Address of Current Registered Agent

Name

PETERSEN, PETER

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

3360 BENEVA RD APT 123

Suite, Apt. #, Etc.

APT. 123

City

SARASOTA

State

FL

Zip Code

34232

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

Peter Petersen

REGISTERED AGENT MUST SIGN

Date

JAN. - 29 - 2015

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 |
|--------|--------------------------------------|---|--------------------|
| PD | PETER PETERSEN | 3360 BENEVA RD #123 | SARASOTA FL 34232 |
| V | PATEL, SUDHIA | 1307 WESTPORT LN | SARASOTA FL 34232 |
| D | COOK, GEORGE | 9432 GLEN ARBY LANE | SARASOTA, FL 34238 |
| D | BAIM, JOSEPH | 3300 BENEVA RD #211 | SARASOTA, FL 34232 |
| D | BENTSEN, HARRY | 3360 BENEVA RD #122 | SARASOTA, FL 34232 |
| | | | |

10. E-mail Address: **FAIRWAYS AND GREENS CONDOS @ GMAIL.COM**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Peter Petersen

PETER PETERSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

JAN. - 29 - 2015

Daytime Phone #

FILED

15 FEB 18 PM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (11/10)

2014-2015

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/1994

5. FEI Number

650520202

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

700269102767

02/18/15--01009--014 **61.25

700269102767

02/04/15--01003--013 **236.25

FEB 18 2015