

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006816

1. Corporation Name

The Fountainview Club No. IV, Inc.

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

925 Palermo Avenue

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33134

Country

Miami-Dade

3. Mailing Office Address

925 Palermo Avenue

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33134

Country

Miami-Dade

7. Name and Address of Current Registered Agent

Name

Rolando Huerta

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

925 Palermo Avenue

Suite, Apt. #, Etc.

#2B

City

Coral Gables, Florida

State

FL

Zip Code

33134

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

Rolando Huerta

REGISTERED AGENT MUST SIGN

Date 11-06-08

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
P	Rolando Huerta	925 Palermo Avenue	Coral Gables, Florida
V	Regina Teijeiro	925 Palermo Avenue	Coral Gables, Florida
T	William I. Florence	925 Palermo Avenue	Coral Gables, Florida
S	Linda Crawford	925 Palermo Avenue	Coral Gables, Florida

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:

William I. Florence

William I. Florence

11-06-08

305-444-9845

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 NOV 10 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

600137787456
11/10/08--01041--015 **245.00

05-08
[Signature]

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida 06/07/1957

5. FEI Number
590950754

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.