

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 DEC 24 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 9800000 6045

1. Corporation Name

The Fountains at Fontainebleau
Condominium No. One Association, Inc.

2. Principal Office Address

9310 FONTAINEBLEAU BLVD

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33172

Country

MIAMI-DADE

3. Mailing Office Address

P.O. Box 347494

Suite, Apt. #, etc.

CORAL GABLES

City & State

FL

Zip

33134-7494, MIA-DADE

Country

300004765369--7
-01/10/02--01070--013
****175.00 ****175.00
REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10-22-98

5. FCI Number

650901058

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

Steven Lichterman, Esquire.

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

3001 Ponce de Leon Blvd # 244

Suite, Apt. #, Etc.

Suite 244

City

Coral Gables

State

FL

Zip Code

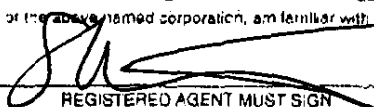
33134

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.3505 or 617.0603, F.S.

Signature of

Registered Agent


REGISTERED AGENT MUST SIGN

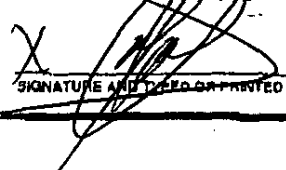
Date 12-01-01

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	VIRGILIO MARTIN (D)	9310 FONTAINEBLEAU BLVD # 306	MIAMI, FL 33172
V.P.	CARMEN MARTIN (D)	9310 FONTAINEBLEAU BLVD # 304	MIAMI, FL 33172
Sec.	RODOLFO ACOSTA (D)	9310 FONTAINEBLEAU BLVD # 207	MIAMI, FL 33172
TES	TERESITA MARTIN (D)	9310 FONTAINEBLEAU BLVD # 302	MIAMI, FL 33172
		05/24/01	90002.035 \$161.25
D.	MARIBEL DELA ROSA (D)	9310 FONTAINEBLEAU BLVD # 308	MIAMI, FL 33172

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 under section 119.0710(1), 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:



VIRGILIO MARTIN, Pres.

11/2/01 (305) 552-6599

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone