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

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DOCUMENT # N 98000006045

1. Corporation Name
The Fountains at Fountainebleau Condominium No. One Association, Inc.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
9310 FONTAINEBLEAU BLVD	P.O. Box 347494
Suite, Apt. #, etc.	Suite, Apt. #, etc.
-	CORAL GABLES.
City & State	City & State
MIAMI, FL.	FL.
Zip / Country	Zip / Country
33172 / MIAMI-DADE	33134-7494 / MIA-DADE

4. Date Incorporated or Qualified To Do Business in Florida: 10-22-98

5. FEI 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 Lachterman, Esquire.
Street Address (P.O. Box Number is Not Acceptable): 3051 Ponce de Leon Blvd # 244
Suite, Apt. #, Etc.: Suite 244
City: Coral Gables State: FL Zip Code: 33134 LS

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: _____ (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)

Titles	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 MARTH (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 119.07(3)(i), 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: X _____ Virgilio Martin Pres. 11/2/01 (305) 552-6599
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)