

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000004020

1. Corporation Name

FAIR PRICE WAREHOUSES CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

195 SW 166 Avenue

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33027

Country

USA

3. Mailing Office Address

195 SW 166 Avenue

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33027

Country

USA

REINSTATEMENT

01-02

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1999

5. FEI Number

55-0794576

☒ 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

Gregory T. Martini

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

2655 LeJeune Road, #1101

Suite, Apt. #, Etc.

City

Coral Gables

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/29/02

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
DPT	Martinez, Carlos M.	195 SW 166 Avenue	Pembroke Pines, FL 33027
DVS	Martinez, Lorraine	195 SW 166 Avenue	Pembroke Pines, FL 33027
D	Martinez, Jr., Carlos	719 SW 159 Terrace 15499 Miami Lake Way Dr. N.	Pembroke Pines, FL 33027 Miami Lakes, FL 33014

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:

[Signature] Carlos Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-02

Date

(305) 431-1975

Daytime Phone #

CR2E081 (9/01)