

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 22 AM 11:10

DOCUMENT # **N99000004129**

1. Corporation Name

FOUNTAIN BEACH CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

333 S. Atlantic Ave.

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32118

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT **00**

4. Date Incorporated or Qualified
To Do Business in Florida

7/2/99

5. FEI Number

59-1640708

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 **BECKER & POLIAKOFF, P.A.**

Attn: **Chris A. Draper, Esq.**

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

500 Winderley Place

Suite, Apt. #, Etc.

Suite 104

City

Maitland

State

FL

Zip Code

32751

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

Chris A. Draper, Esq.
Chris A. Draper, Esq.

Date

12/20/2000

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	James George	333 S. Atlantic Ave.	Daytona Beach, FL 32118
VPD	Igor Kovaltchouk	333 S. Atlantic Ave.	Daytona Beach, FL 32118
D	Rick George	c/o Kensington International 1425 W. 22nd St. #500	Oakbrook, IL 60523

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/00

Daytime Phone #

407 875-0955