PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CO	RPORATION
PEIN	ISTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

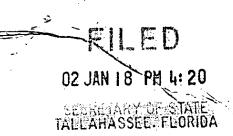
DOCUMENT # **N99000004**

Suite 104

Maitland

1. Corporation Name

FOUNTAIN BEACH CONDOMINIUM ASSOCIATION, INC.



500004845505

						./31/0201	004			
Principal Office Address			3. Mailing Office Address		**	***61.25	******61.25			
333	South	Atlantic Av.	333 South	n Atlantic A	TEINSTATEM		0.57			
uite. Apt. #, etc.		Suite, Apt. #, etc.		HEIMS IAIEM		0 -00				
2.00			Civ. 0. Civ.		4. Date Incorporated or Quali To Do Business in Florida	4. Date Incorporated or Qualified To Do Business in Florida 07/02/199				
ity & State		City & State		5. FEI Number	 ;	Applied For				
Daytona Beach, Florida				la 591640708		Not Applicable				
3211°	8	Country Volusia	32118	Volusia	CERTIFICATE OF STATUS DES	SB.75, Ad	iditional Fee required ertificate of Status			
			· 7. Name and	Address of Current Regis	stered Agent	*				
	Name Becker & Poliakoff, P.A. Attn: Chris A. Draper, Esquire									
	Street Address (P.O. Box Number is Not Acceptable)									
	500 Winderley Place 500004845505									
	Cuita Ant	# Cto			-017	<u>'31702010</u>	<u>Π4==</u> 1 Ω2 .			

8. I, being appointed the registered agent of the named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

City

****236.25

32751

Zip Code

State

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

المتواع شر Name of Street Address of Each Titles City / State / Zip Officers and/or Directors Officer and/or Director

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 filling 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 tru and accurate, and my ignature shall have the same legal effect as if made under oath.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR