2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000124686

City-St-Zip:

Entity Name: FAIRWINDS CONDOMINIUM DEVELOPMENT, INC.

FILED Sep 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 19734 GULF BLVD. INDIAN SHORES, FL 33785 **Current Mailing Address: New Mailing Address:** 19734 GULF BLVD. INDIAN SHORES, FL 33785 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VALLAR, GIORGIO ESQ. 1022 MAIN ST., SUITE C DUNEDIN, FL 34698 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: GIORGIO VALLAR Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PDT () Delete Title: (X) Change () Addition SALHANI, HASSAN SALHANI, HASSAN Name: Name: 19734 GULF BLVD. 19734 GULF BLVD. Address: Address: City-St-Zip: INDIAN SHORES, FL 33785 City-St-Zip: INDIAN SHORES, FL 33785 () Delete Title: VTD Title: (X) Change () Addition Name: SALHANI, SANDRA Name: VALLAR, GIORGIO 19734 GULF BLVD. 1022 MAIN STREET, SUITE C Address: Address: INDIAN SHORES, FL 33785 DUNEDIN, FL 34698 City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete Name: MITTLE, DEBORAH Name: 1022 MAIN STREET, SUITE C Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

DUNEDIN, FL 34698

SIGNATURE: GIORGIO VALLAR D 09/21/2005