

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 13 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000052001

1. Corporation Name

FAIRWIND APARTMENTS OF LAKE WORTH, INC.

2. Principal Office Address

6696 E. Liseron

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33437

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

33437

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/1999

5. FEI Number

123 22 3841

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200005610692--3

-05/27/02--01001--004

****150.00 ****150.00

7. Name and Address of Current Registered Agent

Name

Kirk Grantham, P. A.

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

1860 Forest Hill Blvd., Suite

Suite, Apt. #, Etc.

Suite 105

City

West Palm Beach

State
FL

Zip Code
33406

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 12/5/01

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
- PD	Bernard Effman	6696 E. Liseron	Boynton Beach, FL 33437

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

12-5-01

Daytime Phone #

CR2E081 (9/99)