

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 FEB -9 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **10200000 5573**

1. Corporation Name

FAIRWINDS CONDOMINIUM, INCORPORATED

REINSTATEMENT 2-9-05
2003-0065
KRC

2. Principal Office Address

19734 Gulf Blvd.

3. Mailing Office Address

1022 Main Street, Suite C.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Indian Shores, FL

City & State

Dunedin, FL

Zip

33785

Country

Pinellas

Zip

34698

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/2002

5. FEI Number

☒ 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

Hassan Salhani

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

19734 GULF BLVD.

Suite, Apt. #, Etc.

800046244768

02/09/05 01006 001 **358.75

City INDIAN SHORES, FL 33785

State

FL

Zip Code

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

Hassan Salhani

REGISTERED AGENT MUST SIGN

Date

1-31-05

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 |
|--------|--------------------------------------|---|-------------------------|
| Dir | Hassan Salhani | 19734 Gulf Blvd. | Indian Shores, FL 33785 |
| Dir | Giorgio Vallar | 1022 Main Street, Suite C | Dunedin, FL 34698 |
| Dir | Deborah Mittle | 1022 Main Street, Suite C | Dunedin, FL 34698 |
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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:

Hassan Salhani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-05

Date

727-733-4616

Daytime Phone #

CR2E081 (01/05)