

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 MAY -5 PM 4:46

DOCUMENT # 721551

1. Corporation Name

CHATEAU-BY-THE-SEA, INC.

2. Principal Office Address

3663 South Atlantic Ave

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

Zip

32169

Country

Volusia

3. Mailing Office Address

3663 S. Atlantic Ave.

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

Zip

32169

Country

Volusia

REINSTATEMENT 88-00

4. Date Incorporated or Qualified To Do Business in Florida

Aug. 19, 1971

5. FEI Number

59-1410730

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

Kent Trickel

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

4715 Hall Rd.

Suite, Apt. #, Etc.

Orlando

City

Orlando

State

FL

Zip Code

32817

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

Kent H. Trickel

REGISTERED AGENT MUST SIGN

Date 4/24/00

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
P	Victor Fredda	4015 Lake Mira Dr.	Orlando, FL 32817
V	Marcus Gemsch	1281 Seybold Terrace	Deltona, FL 32725
T	Harry Richard	351 Lake Rd., FL	Maitland, FL 32751
S	Kent Trickel	4715 Hall Rd.	Orlando, FL 32817
D	Greg Siewiorek	4729 Innisbrook Ct. N.	Elkton, FL 32033
D	Helen Dance	10010 Mc Cormick Pl.	Knoxville, TN 37923

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:

Kent H. Trickel Kent H. Trickel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/00

407 671-6643

Daytime Phone #