

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 729975

00 NOV -6 PM 4: 30

1. Corporation Name

CHATEAU SUZANNE, INC.

Principal Place of Business

Mailing Address

3030 BINNACLE DRIVE
NAPLES FL 33940

3030 BINNACLE DRIVE
NAPLES FL 33940



REINSTATEMENT 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/18/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1641909

Applied For

Not Applicable

City & State

City & State

Zip 34103

Country

Zip 34103

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
BS	AMRHEIN, BARBARA D	3030 BINNACLE DR.	NAPLES FL 34103
ST	TRUEX, POLLY JILL TRAPASSO D	3030 BINNACLE DR #104 # 3580-1st Ave SW	NAPLES FL 34117
VP	BELCHER, JACK	3030 BINNACLE DR.	NAPLES FL 34103
P	GUY, BROOKS KEVIN KIMBALL	3030 BINNACLE DR. # 105	NAPLES FL 34103
D	HILLEBROND, JULIA WALTER KLYCZEK D	3030 BINNACLE DR. # 110	NAPLES FL 34103

8. Name and Address of Current Registered Agent

TRUEX, POLLY
3030 BINNACLE DR APT #104
NAPLES FL 33940

9. Name and Address of New Registered Agent

Name BARBARA AMRHEIN
Street Address (P.O. Box Number is Not Acceptable) 3030 Binnacle Dr
Suite, Apt. #, Etc. 3580-1st Ave SW #109
City NAPLES State FL Zip Code 34103

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Barbara Amrhein

REGISTERED AGENT MUST SIGN

Date 10/13/00

11. 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.

400003474784--6
-11/27/00--01001--015
***236.25 ***236.25

SIGNATURE: *Barbara Amrhein* Barbara Amrhein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00 (941)591-3323
Date Daytime Phone #

CR2E040 (R/00)