

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 JUN -4 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730289

Corporation Name

CHATEAU LAR TER CONDOMINIUM ASSN., INC.

Principal Place of Business

Mailing Address

1114 N. 17th Avenue
Hollywood, Florida 33020

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	4
Pres	Dorothy Maceachern	1114 N. 17th Avenue #3	Hollywood, FL 33020
VP	Kevin I. Schwartz	1114 N. 17th Avenue #4	Hollywood, FL 33020
Sec	Dapathana Dell	1114 N. 17th Avenue #2	Hollywood, FL 33020

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Thaddeus Rosz
920 N. 16th Court
Hollywood, FL 33020

Name
Kevin I. Schwartz, Esq.
Street Address (P.O. Box Number is Not Acceptable)
2950 SW 27th Avenue
Suite, Apt. #, Etc.
210
City
Miami
State
FL
Zip Code
33133

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

Date 5/20/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

Kevin I. Schwartz, Esq., as Vice-President

Date

Daytime Phone #

5/20/98 305-448-2131

REINSTATEMENT 88-98

CR20040 (1/98)