

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 19 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732377

1. Corporation Name

CHELSEA HOUSE OF PORT CHARLOTTE - A CONDOMINIUM
ASSOCIATION, INC.

Principal Place of Business

Mailing Address

CHARLOTTE SQUARE CONDOMINIUMS
MANAGER'S OFFICE 2296 AARON STREET
PORT CHARLOTTE FL 33952

CHARLOTTE SQUARE CONDOMINIUMS
MANAGER'S OFFICE 2296 AARON STREET
PORT CHARLOTTE FL 33952

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



REINSTATEMENT

1999

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1975

5. FEI Number

50-1574969

Applied For

Not Applicable

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
PD	REINHARD, ROBERT	2290 AARON STREET UNIT 305	PT CHARLOTTE, FL 00000 33952
SD	SEMOCK, ELSIE	2290 AARON STREET, UNIT 302	PT CHARLOTTE, FL 00000 33952
VD	WEST, ETHEL Riley, Earl	2290 AARON ST, UNIT 308 309	PT CHARLOTTE, FL 00000 33952
TD	ADAMS, MURIEL Mason, Therese	2290 AARON STREET, UNIT 104 115	PT CHARLOTTE, FL 00000 33952
D	WHITE, JUNE Hoyer, Dorothy	2290 AARON STREET, UNIT 402 211	PORT CHARLOTTE FL 33952
500003039916--0 -11/09/99--01068--025 ****236.25 ****236.25			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REINHARD, ROBERT
2290 AARON STREET, UNIT 305
CHELSEA HOUSE
PORT CHARLOTTE FL 33952

Name
Reinhard, Robert
Street Address (P.O. Box Number is Not Acceptable)
2290 Aaron Street # 305
Suite, Apt. #, Etc.
Chelsea House
City
Port Charlotte
State
FL
Zip Code
33952

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-14-99

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.

SIGNATURE:

[Signature] Robert Reinhard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-14-99
Daytime Phone # 625-6118

CR20240 (8/99)