PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

FILED EB 21 PM 12: 1**5**

Daytime Phone #

Date

000 Jan 2000	DIV	/ISION OF CORPORATIONS	00	O FEB 21 PM 12: 15	,	
DOCUMENT # 17 42 43 4 1. Corporation Name Chatham N Condominum Ossociation of				ECRETARY OF STATE LLAHASSEE, FLORIDA		
				~~~ a ~~~ a ~~ a ~~ a ~~ (X	a 2000	
2. Principal Office Address	218C	218 Chalden - 1		statement lpha		
Suite, Apt. #, etc.	Suite, Apt. #,	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida		
City & State	City & State	City & State 11) P.B. 7-10, 33417		5. FEI Number Applied For		
Zip Country	Zip	Country	6.	OF STATUS DESIDED 58.75 Addition	Not Applicable on al Fee required ficate of Status	
	7. 1	Name and Address of Current Regist	ered Agent		. Total of oldings	
Name Guido Street Address (P.O. Box Nu 218 ha Suite, Apt. #, Etc. City W. P. B.	Grego imber is Not Acceptable) tham-N	rx J.	240	10003151443 -03/08/0001011- *****306.25 ***** State Zip Code FL 33417	016	
8. I, being appointed the registered agent Signature of Registered Agent	Microso	oration, am familiar with and accept the	obligations of sectio	n 607.0505 or 617.0503, F.S. Date 2 - 7 - 600	0	
9. Names and Street Addresses of Each (Officer and/or Director (Flo	orida nonprofit corporations must list at	least 3 directors)	TO DO NOT ALL HOUSE AND A STATE AND		
	es Name of Officers and/or Directors		ch tor	City / State / Zip		
S.D. Sadie Friesman		273 Chatham n.		WPB Fla	0000	
18.0 Bell Missik		280 Chathon	7	WBB. Fle.	0000	
T.D. Grey J. Ginds		278 Chatham-		W. P.B. 4 la. E	00007341	
VB al Gerlantler		269 Chutham-n		WBB Fla.	2000	
V. Vincent nangano		288 Chathan	7	W.B. Fla	1.0000	
			1.45			
owed by the corporation have been paid on this application is true and accurate.	on for dissolution has beer d and the names of individ	n eliminated, the corporate name satisfic duals listed on this form do not qualify fo ave the same legal effect as if made und	es the requirements or an exemption under der oath.	of section 607.0401 or 617.0401, F.S.,	that all fees ation indicated	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR