

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR 26 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700102649617
05/16/07--01040--026 **183.75

B. 5/4/07
REINSTATEMENT 05-07


CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 4/14/1978

5. FEI Number 591622527 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742434

1. Corporation Name
Chatham N Condominium Association Inc

2. Principal Office Address - No P.O. Box #
285 Chatham N

3. Mailing Office Address
2400 Centrepark W. Dr

Suite, Apt. #, etc. 175

City & State
West Palm Beach FL

City & State
West Palm Beach FL

Zip 33417 Country Palm Beach Zip 33417 Country Palm Beach

7. Name and Address of Current Registered Agent

Name
Paulette A. Ricotta

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

Suite, Apt. #, Etc.

City West Palm Beach State FL Zip Code 33417

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 Paulette A. Ricotta, Pres. X Date 3.25.07

REGISTERED AGENT MUST SIGN

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
Pres/Off	Paulette A. Ricotta	285 CHATHAM N	West Palm Beach, FL 33417
V. Pres	Josephine Mansard	288 CHATHAM N	West Palm Beach, FL 33417
Secy	Sylvia W. Hines	265 CHATHAM N	W.P.B., FL 33417
Treas	Lebykov Iosker	269 CHATHAM N	W.P.B., FL 33417
V. Pres	Sadie Lovinger	268 CHATHAM N	W.P.B., FL 33417
D	Sadie Friedman	273 CHATHAM N	W.P.B., FL 33417
D	Jeanette Geneimo	287 CHATHAM N	W.P.B., FL 33417

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 contained in Chapter 119, 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: Paulette A. Ricotta X 3.25.07 X 561-242-9018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #