

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

JAN 19 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N29344 (1)**

1. Corporation Name

**CHATEAUBLEU AT THE HAMMOCKS
CONDOMINIUM ASSOCIATION, INC**

REINSTATEMENT 99-00

2. Principal Office Address *C/O H.A.C. MANAGEMENT, INC. 8357 W. FLAGLER ST.*

3. Mailing Office Address *C/O H.A.C. MANAGEMENT, INC. 8357 W. FLAGLER ST.*

Suite, Apt. #, etc.
PMB # 353

Suite, Apt. #, etc.
PMB # 353

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33144 U.S.A

Zip Country
33144 U.S.A

4. Date Incorporated or Qualified To Do Business in Florida **11/18/1988**

5. FEI Number
65-0082240

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
MARIA A. CAMEJO

Street Address (P.O. Box Number is Not Acceptable)
8511 NW 8TH STREET

300003130953-4
-02/10/00--01036--020
******297.50 ****297.50**

Suite, Apt. #, Etc.
SUITE # 111

City
MIAMI

State Zip Code
FL 33126

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
Maria A. Camejo

Date
01/15/00

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
PD	ELSA TEVAR	10315 SW 154 CIR. CT #29	MIAMI, FL 33196
TD	MORELLA BUSTAMANTE	10310 SW 154 CIR. CT #10	MIAMI, FL 33196
SD	LINDA DUARTE	10310 SW 154 CIR. CT #12	MIAMI, FL 33196

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 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]**

President

(305) 262-1123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E081 (9/99)