

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 10 AM 8:01

DOCUMENT #

735450

1. Corporation Name

Chateau Z Condominium Association, Inc.

2. Principal Office Address

629 N. E. 2nd Ave.
Ft. Lauderdale, FL 33304

Suite, Apt. #, etc.

Unit #2

3. Mailing Office Address

1478 N. E. 56 St., Ft. Lauderdale, FL 33334

Suite, Apt. #, etc.

NONE

City & State

Ft. Lauderdale, FL 33304

City & State

Ft. Lauderdale, FL 33334

Zip
33304

Country United
States

Zip
33334

Country United
States

4. Date Incorporated or Qualified
To Do Business in Florida

unknown - See state
records.

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

88-02

7. Name and Address of Current Registered Agent

Name

WILLIAM CHENNAULT

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

629 N. E. 2nd Avenue

Suite, Apt. #, Etc.

Unit #2

City

Ft. Lauderdale,

State

FL

Zip Code

33304

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

Date 05/17/02

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. D	Harry Farrell (director)	12650 N. E. 3rd Ave.	North Miami, FL 33161-4606
Sec. D	William Chennault (director)	629 N. E. 2nd Ave., Unit #2	Ft. Lauderdale, FL 33304
Tres. D	Tina Castillo (director)	1478 N. E. 56 St.	Ft. Lauderdale, FL 33334

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-17-02

Date

(954) 767-6002

Daytime Phone #

CR2E081 (9/01)

12/12/02