PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	NSTATEMENT	A DEPARTMENT OF STATE Secretary of State vision of corporations		10 FEB - B AMID: 03
DOCUMENT# 742436 1. Corporation Name				ALLAHASSEE FLORIDA
Chatham P comdominium Association, Inc.			RE	INSTATEMENT
Principal Office Address - No P.O. Box # Mailing Office Address		Office Address	4 02/0	00168249934 18/1001068006 **122.50 CR2E081 (11/09)
Suite, Apt. #, etc. 319 Chatharn P City & State Suite, Apt. #, etc. 319 Chatharn P City & State		4. Date (noonporated or Qualified To Do Business in Florida 1978		
Wes Zip 3341	Country Zip	Country P.B.	6.	E OF STATUS DESIRED Status Applied For Not Applicable \$2.75 Attritional Fee required for a Certificate of Status
	7. Name and Address of Current Regi			
Name 3			The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you	
Marie Mc CVE				
Street Address (P.O. Box Number is Not Acceptable)				
Suite, Apr. #, Etc. 319 Chatham P			are certifying the prior notices were not received and requesting the reinstatement	
City State Zip Code			fee be waived.	
West Palm Bch. FL 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 Marie Mucue REGISTERED AGENT MUST SIGN Date 2-3-2010				
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
ρ	marie MC CUE	319 Chatham	P	W.P.Bch. F1, 33417
7	Doris marich	317 chathan	2 P	W. P. Bch F1 33417
V P	Marghet Gurney	313 Chatham	P	W.R.Bch. F1, 33417
Sec.	marion Bock	335 Chatham	_ P	W.P.Bch. FL 33413
9	Doro thy vanderborg		N P	W.P.13Ch . F1, 33417
\mathbb{D}	carole Marget	32% Chathar	n P	W.P.Bch. F1, 33417
Θ	Angelina Ballassare	325 Chatham	_ P	W.P.Bch. F1, 33417
10. E-mail Address: M. G-13 BOCK @ as 1 : Com. (To be used for future annual report polification)				
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. I further certify, 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: Many Machine Course 2-3-2010 501-657-9532				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				

M. MILLIGAN EXAMINER