

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY  
REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 22 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **LO2000024064**

1. Limited Liability Company's Name

**CHATEAU GROUP, LLC**

**REINSTATEMENT**

2. Principal Office Address

**7740 Grovewood Dr.**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Lake Worth, FL**

City & State

Zip

**33467**

Country

**US.**

Zip

Country

4. State/Country of Formation

**FL/USA**

5. Date Organized or Qualified  
To Do Business in Florida

**9/17/02**

6. FEI Number

☒ Applied For  
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

**Erika Husbands**

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

**7740 Grovewood Dr.**

Suite, Apt. #, Etc.

City

**Lake Worth**

State  
**FL**

Zip Code

**33467**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

**Erika Husbands**

Date

**10/15/03**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Lara Greaux	7740 Grovewood Dr.	Lake Worth, FL 33467

100024001811  
10/22/03 01015-022 \*\*155.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

**Lara Greaux**

Date

**10/15/03**

Daytime Phone #

**(561) 969 1045**

Typed or printed name of signing Managing Member/Manager

**Lara Greaux**

CR2E041 (10/02)