

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAR 20 PM 2:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

M04920

1. Corporation Name

CHATEAU HOLIDAYS, INC.

Principal Place of Business

Mailing Address

18326 S.E. VILLAGE CIRCLE
TEQUESTA, FL. 33469

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

18326 S.E. VILLAGE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TEQUESTA, FL

Zip

Country

Zip

33469

Country

MARTIN

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/1984

5. FEI Number

59-2540371

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTS	ST. ARNAUD, JEAN-CLAUDE	18326 S.E. VILLAGE CIRCLE TEQUESTA, FL. 33469	TEQUESTA, FL, 33469

800003226078--0
-04/27/00--01012--014
*****900.00 *****900.00

REINSTATEMENT 99-00 TS

8. Name and Address of Current Registered Agent

~~CORPORATION COMPANY OF MIAMI~~
~~1502 EDWARD BALL BLVD.~~
~~100 CHOPIN PLAZA~~
~~MIAMI FL 33131~~
~~J. C. ST. ARNAUD.~~

9. Name and Address of New Registered Agent

Name ST-ARNAUD, J.C.
Street Address (P.O. Box Number is Not Acceptable)
18326 S.E. VILLAGE CIRCLE
Suite, Apt. #, Etc.
City TEQUESTA
State FL Zip Code 33469

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

Feb. 23/2000

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ST. ARNAUD, JEAN-CLAUDE Feb. 14/00 561-747-8164

Date

Daytime Phone #

CR2E081 (12/98)