

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

06 APR 13 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02000007174**

1. Corporation Name

**CHAMPENAE CONDOMINIUM ASSOC.
INC.**

900073761239
05/02/06--01062--025 **358.75

W0600015413

2. Principal Office Address

165 N CANAL STREET

3. Mailing Office Address

165 N. CANAL STREET

Suite, Apt. #, etc.

SUITE 1525

Suite, Apt. #, etc.

SUITE 1525

City & State

CHICAGO, IL

City & State

CHICAGO, IL

Zip

60606

Country

COOK

Zip

60606

Country

COOK

4. Date Incorporated or Qualified
To Do Business in Florida

9/18/2002

5. FEI Number

20-4572553

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

CR2E081 (12/05)

04-06

7. Name and Address of Current Registered Agent

Name

JOHN L. SOILEAU, C/O WATSON, SOILEAU, DELGO, BURGESS & PICKLES

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

3490 North US1

Suite, Apt. #, Etc.

City

COCOA

State

FL

Zip Code

32926-6007

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

JOHN L. SOILEAU

REGISTERED AGENT MUST SIGN

Date

3/17/06

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
STD	RICHARD MULLER	165 N. CANAL ST. #1525	CHICAGO, IL 60606
D	JASON SHARPS	20 N. WACKER DR. #4010	CHICAGO, IL 60606
PD	ROY ROSSINI	2913 INDIAN RIVER DR	COCOA, FL 32922

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 contained in Chapter 119, 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

3/15

Date

312-879-0104

Daytime Phone #