PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State ED
DIVISION OF CORPORATIONS
15 MAR 19 PM 3:4

DOCUMENT # N02356

1. Corporation Name
Laire Chateau Condominium Association, Inc.

TALLAHASSEE, FLORIDA

500266639435
11/25/14--01016--007 **35.00

500266639435
01/14/15--01001--009 **201.25

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1500 East Johnson Avenue	P.O. Box 15014
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, FL	City & State: Pensacola, FL
Zip: 32514 Country: USA	Zip: 32514 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: APRIL 4, 1984

5. FEI Number: 59-1503726 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: NO

7. Name and Address of Current Registered Agent

Name: KRIS KUMAR

Street Address (P.O. Box Number is Not Acceptable): 1500 East Johnson Avenue

Suite, Apt. #, etc.

City: Pensacola State: FL Zip Code: 32514

500266639435
03/27/15--01002--001 **61.25

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: X Kris Kumar 1-7-15 Date: X 1-7-15
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
P/D	KRIS KUMAR	1490 Chalet Place	Pensacola, FL 32514
V/D	LARRY BACHMEIER	1500 East Johnson Ave #121	Pensacola, FL 32514
S/D	Georganna, Shellang	1500 East Johnson Ave #126	Pensacola, FL 32514
T/D	Blanche B. Baskin	1500 East Johnson Ave #123	Pensacola, FL 32514
		Owed	S. HAWKES
		297.50	JAN 14 A.M.
			EXAMINER

10. E-mail Address: KRISKUMAR920@gmail.com
(To be used for future annual report notification)

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: X Kris Kumar KRIS KUMAR 1-7-2015 850-969-9681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE