

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N15898

1. Corporation Name

CHATEAU MONET CONDOMINIUM ASSOCIATION

99AR

Principal Place of Business

Mailing Address

8730 NW 40 ST  
8736 NW 40 ST  
CORAL SPRINGS FL 33065  
US

8730 NW 40 ST  
8736 NW 40 ST  
CORAL SP 33065  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/16/1986

5. FEI Number

59-2437329

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DVDT	ZESCHKE, KEN PRES - Director	8730 NW 40 STREET	CORAL SPRINGS FL
DPDS	ZESCHKE, JOAN Vice Pres Director	8730 NW 40TH ST	CORAL SPRINGS FL
T	ELLEN ERICKSON Sec/Treas 8734 NW 40th St CORAL SPRINGS FLA		

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZESCHKE, JOAN  
8730 NW 40 ST  
CORAL SPRINGS FL 33065

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Joan Zeschke

REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-15-99

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 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:

Joan Zeschke  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-8-99

Date

754-752-0634

Daytime Phone #

02/16/99 90032 008