

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Corporation Name
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 AM 11:54

DOCUMENT # **N15898**

1. Corporation Name

CHATEAU MONET CONDOMINIUM ASSOCIATION

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2437329

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	ZESCHKE, KEN	8730 NW 40 STREET	CORAL SPRINGS FL
VPD	ZESCHKE, JOAN	8730 NW 40TH ST	CORAL SPRINGS FL
T	ERICKSON, ELEN GLEN	8734 NW 40 ST	CORAL SPRINGS FL

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-11/14/01--01099--014
*****61.25 *****61.25

SP

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

Zip Code

FL

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-20-01

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/01 874 782 0634

CR2E040 (801)

292

JOAN A ZESCHKE
CHATEAU MONET CONDOMINIUM ASSOCIATION
8730 NW 40TH ST
CORAL SPRINGS FL 33065 2916
PH 954 426 2006
FAX 954 752 1779

FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
PO BOX 6327
TALLAHASSEE FL 32314-6327

10/22/01

DEAR SIR OR MADAMS:

FOR UNKNOWN REASONS WE DID NOT RECEIVE THE NOTICE THAT
REINSTATEMENT DUES FOR CORPORATION WERE DUE, OR THAT WE WERE
DELINQUENT OR LATE WITH PAYMENT.

WE ARE A FOUR UNIT CONDO AND I RECEIVE ALL THE BILLS TO BE PAID,
SO PLEASE SEND ALL BILLS TO THE ADDRESS ABOVE.

THIS SMALL CONDO ASSOCIATION CAN NOT AFFORD \$ 750.00 FOR
REINSTATEMENT SO WE ARE HOPEFUL YOU CAN WAIVE THIS PENALTY.
YOUR COOPERATION WILL BE VASTLY APPRECIATED.

JOAN A ZESCHKE
PRESIDENT