

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

06 MAR -1 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WSC

100067449491
03/09/06--01017--003 **\$1.25
CR2E081 (12/05)

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N19910 1. Corporation Name Les CHATEAU Villa Homeowners INC, 1119 Rue de DORE TAVARES, FL 32778-3648	
2. Principal Office Address 1119 Rue de DORE Suite, Apt. #, etc.	3. Mailing Office Address 1119 Rue de DORE Suite, Apt. #, etc.
City & State TAVARES, FL-32778	City & State TAVARES, FL
Zip 32778	Country LAKE

4. Date Incorporated or Qualified To Do Business in Florida	1991
5. FEI Number	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Rose Marie Ladue Park Manager		
Street Address (P.O. Box Number is Not Acceptable) 1130 Rue de DORE		
Suite, Apt. #, Etc.		
City TAVARES	State FL	Zip Code 32778

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: Rose Marie Ladue / Charles Champion ^{officer} Date: Feb-18-2006

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
D- Pres.	Dwight Enbey	1116 Rue de DORE	TAVARES, FL 32778
V-Pres.	James Wing	227 Rue de PARESE	TAVARES, FL 32778
TRES.	RICHARD Gough	217 Rue de PARESE	TAVARES, FL 32778
Sec.	Nelle R. Rasmus	243 Rue de Fontaine	TAVARES, FL 32778
D	NORMAN Ladue	1130 Rue de DORE	TAVARES, FL 32778
D	CHARLES CHAMPION	239 Rue de Fontaine	TAVARES, FL 32778
D	HUSTON HALE	244 Rue de Fontaine	TAVARES, FL 32778

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: Nelle R. Rasmus - Sec. Feb. 18-2006 (352) 742-0872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #