

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

96 NOV 21 PM 12: 37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **N93000001801**

1. Corporation Name  
**DANIA CHATEAU DE VILLE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**421 S.E. 10TH STREET  
DANIA FL 33004**

Mailing Address  
~~421 S.E. 10TH STREET~~  
**DANIA FL 33004**



**REINSTATEMENT 9600**

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	
Suite, Apt. #, etc.		c/o <b>D.C.I.</b>		<b>04/22/1993</b>	
City & State		2901 Simms Street		5. FEI Number	
Zip		City & State		65-0473701	
Country		Hollywood, Florida		Applied For	
Zip		Country		Not Applicable	
33020		Broward		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	<del>RICHARDS, MAX</del> Judy Jensen	<del>8001 COLLINS AVE, #1145</del> 401 S.E. 10 St., #203B	<del>SAL HARBOUR FL</del> Dania, FL 33004
SD	<del>HENNESSY, LEE</del> Jana Porter	<del>28000 GAMING DEL MAR, APT. 604</del> 401 SE 10 St., 205-B	<del>BOCA RATON FL</del> Dania, FL 33004
VPD	<del>BOYARSKY, STEPHEN</del> Norma Connor	<del>401 SE 10TH ST, APT. 202</del> 441 S.E. 10 St, 101D	<del>DANIA FL</del> Dania, FL 33004
Treas	Vivian Fuste	401 SE 10 St., 101B	Dania, FL 33004

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<del>PIOTRKOWSKI, JOEL S</del> <del>627-7167 STREET</del> <del>MIAMI FL 33141</del>		Name <b>Development Consultant Inc.</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>2901 Simms Street</b>	
		Suite, Apt. #, Etc.	
		<b>Andrew Meyrowitz</b>	
		City <b>Hollywood</b>	
		State <b>FL</b>	
		Zip Code <b>33020</b>	

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]* **SIGNATURE REQUIRED** Date: **11/19/96**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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)(f), 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]* **SIGNATURE REQUIRED** Date: **10/7/96**

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Judy Jensen, President**

CR32540 (7/95)