

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 OCT -8 PM 3:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000043148

1. Corporation Name

CHATEAU ASSOCIATES INC

2. Principal Office Address

601 PACKARD CT

Suite, Apt. #, etc.

City & State

SAFETY HARBOR FL

Zip

34695

Country

3. Mailing Office Address

601 PACKARD CT

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FL

Zip

34695

Country

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 3, 2000

5. FEI Number

65-1003753

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

800004641958--8
-10/18/01--01066--004
*****750.00 *****750.00

7. Name and Address of Current Registered Agent

Name

LOUIS S. ORLOFF

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

2426 SABER CT

Suite, Apt. #, Etc.

City

Clearwater

State
FL

Zip Code

33759

REINSTATEMENT

2001

gym

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

Louis Schloz

REGISTERED AGENT MUST SIGN

Date 10/05/01

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	LOUIS S. ORLOFF	601 Packard CT	Safety Harbor FL 34695
VP	SYLVAN ORLOFF	601 Packard CT	Safety Harbor FL 34695
S/T	BRUCE ORLOFF	601 Packard CT	Safety Harbor FL 34695

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 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:

LOUIS S. ORLOFF Louis Schloz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/5/01 7277997500

Daytime Phone #

7222

CR2001 (9/00)