

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

01 JAN 12 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000006398**

1. Corporation Name

CHATEAU DE ROI, INC

2. Principal Office Address

3305 Woody Way

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 14128

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FLORIDA

Zip

32308

Country

LEON

City & State

TALLAHASSEE, FLORIDA

Zip

32317

Country

LEON

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/23/1997

5. FEI Number

59-3425905

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

QUICK, THOMAS E.

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

3305 Woody Way

Suite, Apt. #, Etc.

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-01/19/01--01092--007

*****908.75 ***908.75**

City

TALLAHASSEE, FLORIDA

State

FL

Zip Code

32308

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

Thomas E. Quick

REGISTERED AGENT MUST SIGN

Date

1/12/01

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
D	THOMAS E. QUICK	3305 Woody Way	TALLAHASSEE, FL 32308

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:

Thomas E. Quick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/01

Daytime Phone #

850.

933-9508

CR2E081 (9/00)