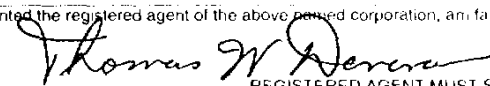



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		RECEIVED 09/15/99 10:49 STATE OF FLORIDA
DOCUMENT # N11789				
1. Corporation Name COLONIAL OAKS PROPERTY OWNERS ASSOCIATION, INC.				
Principal Place of Business 2700 UNIVERSITY BLVD., W., # A-2 JACKSONVILLE, FL 32217		Mailing Address		
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 10/29/85 5. FEI Number 59-2647455 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
Suite, Apt. #, etc		Suite, Apt. #, etc		
City & State		City & State		
Zip Country		Zip Country		
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 (Do NOT Use Post Office Box Numbers)	City / State / Zip	
1. Pres Dir.	2. THOMAS W. DONOVAN, SR.	2700 UNIVERSITY BLVD., W. BUILDING C	JACKSONVILLE, FL 32217	
V.P. Dir.	WILLIAM L. COALSON	2700 UNIVERSITY BLVD., W. SUITE A-4	JACKSONVILLE, FL 32217	
V.P. Dir.	JAMES NAUGHTON	2700 UNIVERSITY BLVD., W. BUILDING B	JACKSONVILLE, FL 32217	
SECRETARY Dir.	GARY F. HANNON	2700 UNIVERSITY BLVD., W. SUITE A-2	JACKSONVILLE, FL 32217	
400002840584--9 -01/15/99--01035--003 ****848.75 ****848.75				
8. Name and Address of Current Registered Agent Henderson, Stephen C., Jr. 3035-2 Powers Avenue Jacksonville, FL 32217		9. Name and Address of New Registered Agent Name: THOMAS W. DONOVAN, SR. Street Address (P.O. Box Number is Not Acceptable): 2700 UNIVERSITY BLVD., W. Suite, Apt., Etc: BUILDING C City: JACKSONVILLE State: FL Zip Code: 32217		
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  REGISTERED AGENT MUST SIGN		Date: 04/06/99		
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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)(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 W. DONOVAN, SR. 4-7-99 (904) 730-0600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

CP-2087 (7-2-98)