


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT 18 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000003512

1. Corporation Name  
THE COLONY OF THE LAKE HOMEOWNERS ASSOCIATION, INC.

**REINSTATEMENT 03-04**

\$297.50

06/23/04 01040 005

2. Principal Office Address 1219 EAST LAKE COLONY DRIVE Suite, Apt. #, etc.		3. Mailing Office Address 1219 EAST LAKE COLONY DRIVE Suite, Apt. #, etc.	
City & State MAITLAND, FL		City & State MAITLAND, FL	
Zip 32751	Country USA	Zip 32751	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 7/15/94	
5. FEI Number 593286231	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 RICHARD E. LARSEN, ESQ.	
Street Address (P.O. Box Number is Not Acceptable) 55 EAST PINE STREET	
Suite, Apt. #, Etc.	
City ORLANDO	State FL
Zip Code 32801	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent: *[Signature]* Date: 10/15/04

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
PD	Robert Green	1224 E. Lake Colony Drive	Maitland, FL 32751
SD	Diane Ginsberg	1239 E. Lake Colony Drive	Maitland, FL 32751
TD	Natalee Gleiter	1347 W. Lakeway Drive	Maitland, FL 32751
VD	Greg Logsdon	1219 E. Lake Colony Drive	Maitland, FL 32751
D	Gary Sain	102 E. Lake Colony Drive	Maitland, FL 32751
D	Janet Ellington	1345 W. Lakeway Drive	Maitland, FL 32751

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)(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: *Robert Green* Date: 10-15-04 (407) 647-2277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR