## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	FILED 06 OCT 23 AM 9: 48
DOCUMENT # N95 000000 9 4 5		TALLAHASSEE, FLORIDA
COLONY AT PONTE VEORA VII CONDOMINIUM ASSOCIATION, INC.		
2. Principal Office Address	3. Mailing Office Address	E STATISME AT 12 CI
# 76	#76	CR2E081 (12/05) 03-06
Suite, Apt. #, etc.	Suite, Apt. #, etc.	The state of the s
PONTEVEDRA CHUNY CIR.	PONTEVEDRA COLONY CIR	4. Date Incorporated or Qualified
City & State	City & State	2 - 2 9 - 93
PONTE VEDRA BEACH FL	PONTE VEDRA BEACH FL	5. FEI Number Applied For Not Applicable
PONTE VEDRA BEACH, FL Zip Country	Zip Country	
32082 USA	32082 USA	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name		
ERICA BRAZIS		
Street Address (P.O. Box Number is Not Acceptable)  ## 76  PONTE VEORA COLONY CIRCLE		
Suite, Apt. #. Etc.		
PONTE VEDRA BEACH  State Zip Code FL 32082		
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 MUST SIGN		
9. Names and Street Addresses of Each Officer and	for Director (Florida nonprofit corporations must list at le	east 3 directors)
Titles Name of Officers and/or Directors	Street Address of Eacl Officer and/or Directo	
P. ALEX DICK	78 PONTE VEDRA CO	OLONY CIR PONTEVEDRA BEACH, FL
V.P. MICHAEL ROSENG	ARTEN 745 OALLINOU CIR	COLONY CIR PONTEVEDRA BEACH, FL  2. PASADENA, CA 91106  32082  COLONY CIR PONTE VI dra Beach, FL
T. ERICA BRAZ	215 76 PONTEVEDNA	
,		200080492622 107676-01025-015 **245 00
\$1.1		
(1/4 / 10)	76	
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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 filling 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 contained in Chapter 119, 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:    O   2   06		

To:

Florida Department of State – Division of Corporations

From:

The Colony at Ponte Vedra VII Homeowners Association

Date:

October 18, 2006 **Ref Number:** N95000000945

Re:

Waiver of reinstatement fees

We are asking for a waiver of the reinstatement fees of \$175 due to the fact that we have never received the annual report or any type of notification about refilling. I have attached our completed reinstatement packet per the letter's request.

I spoke with Tyrone Scott at your place of business, and he stated that this letter was all that was needed in order for the fees to be waived and for our condominium to be current. Please confirm your approval of this waiver so that our condominium complex can be filed appropriately and completely with you.

Thank you for your time. Should you have any questions, please contact me at 904-803-0805.

Erica Brazis

Euca Brayer

Treasurer of Colony VII Association