PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 APR -8 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11789

1. Corporation Name: COLONIAL OAKS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business / Mailing Address:
2700 UNIVERSITY BLVD., W., #A-2
JACKSONVILLE, FL 32217

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 89-99

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/29/85

5. FEI Number: 59-2647455

6. CERTIFICATE OF STATUS DESIRED ☒ Applied For ☐ Not Applicable
$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES DIR.	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
SEC/TREAS DIR	GARY F. HANNON	2700 UNIVERSITY BLVD., W. SUITE A-2	JACKSONVILLE, FL 32217

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-04/15/99--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

CR2E087 (12/98)

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: Thomas W Donovan
REGISTERED AGENT MUST SIGN
Date: 04/06/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐
(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 THOMAS W. DONOVAN, SR. 4-7-99 (904) 730-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #