

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 23 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000000365

1. Corporation Name

COLONY AT PONTE VEDRA VIII CONDOMINIUM ASSOCIATION, INC.

REINSTATEMENT

07-09

2. Principal Office Address  
10161 CENTURION PARKWAY N

3. Mailing Office Address  
10161 CENTURION PARKWAY N

Suite, Apt. #, etc.  
SUITE 150

Suite, Apt. #, etc.  
SUITE 150

City & State  
JACKSONVILLE, FLORIDA

City & State  
JACKSONVILLE, FLORIDA

Zip  
32256

Country  
USA

Zip  
32256

Country  
USA

000033588010  
04/22/04--01050--012 \*\*2085.50

4. Date Incorporated or Qualified  
To Do Business in Florida 01/17/1996

5. FEI Number  
593470313

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  
JOHN S. DUSS IV

Street Address (P.O. Box Number is Not Acceptable)  
10110 SAN JOSE BOULEVARD

Suite, Apt. #, Etc.

City  
JACKSONVILLE

State  
FL Zip Code  
32257

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 4.21.04

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
DP	JOHN K. SISK	10161 CENTURION PKWY N, #150	JACKSONVILLE, FLORIDA 32256
D	JOHN S. DUSS IV	10110 SAN JOSE BOULEVARD	JACKSONVILLE, FLORIDA 32257
DST	ERNESTINE CLARK	10161 CENTURION PKWY N, #150	JACKSONVILLE, FLORIDA 32256

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-04

Date

904 62009

Daytime Phone #

CR2E081 (01/04)