

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

07 SEP 18 AM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717422

1. Corporation Name
Colonnades Condominium Association
No. 1, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
Suite, Apt. #, etc. 1140 Bayshore Dr.		Suite, Apt. #, etc. 1140 Bayshore Dr.	
City & State Ft. Pierce, FL		City & State Ft. Pierce, FL	
Zip 34949	Country USA	Zip 34949	Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-1537179

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Jane Cornett, Esq.

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

401 East Osceola Street

City Stuart State FL Zip Code 34944

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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]* Date 9-11-07

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
PRES.	ROBERT D. GEORGE	1309 BAYSHORE DR. #6	FT. PIERCE FL. 34949
VP / CLERK	RICHARD HUTCHINSON	1323 BAYSHORE DR. #3	FT. PIERCE FL. 34949
TREAS.	LINDA HUTCHINSON	1323 BAYSHORE DR. #3	FT. PIERCE FL. 34949
BOARD MEM.	LOIS RICHARDS	1309 BAYSHORE DR. #5	FT. PIERCE FL. 34949
BOARD MEM.	JOHN DEGRANDIS	1315 BAYSHORE DR. #4	FT. PIERCE FL. 34949

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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 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 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: *Robert D. George*
ROBERT D. GEORGE

Date 8-2-07 Daytime Phone # 4135759075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR