


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
 04 MAY 13 AM 9:04  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



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

**DOCUMENT #** 724132  
 1. Corporation Name  
 The Colonies Two, Inc.

2. Principal Office Address 2649-NW 47th Lane- Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Lauderdale Lakes, Fl.		City & State	
Zip 33313	Country United States	Zip	Country United States

**REINSTATEMENT-99-04**

4. Date Incorporated or Qualified To Do Business in Florida TR

5. FEI Number 591804094	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>SR 75 ADDITIONAL fee required for a Certificate of Status.</small>	

7. Name and Address of Current Registered Agent

Name David J. Schottenfeld, Esq.	300034768993 05/13/04--01021--003 **297.50
Street Address (P.O. Box Number is Not Acceptable) 7520 N.W. 5th St.,	300034768993 04/29/04--01067--050 **253.75
Suite, Apt. #, Etc. 203	
City Plantation	State FL Zip Code 33317

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: David J. Schottenfeld Esq. Date: April 15, 2004  
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.	JoAnna Price	2711 N.W. 47th Lane	Lauderdale Lakes, Fl. 33313
V.P.	Kerlew Smith	2775 N.W. -47th Lane	Lauderdale Lakes, Fl. 33313
Treas	Gary McCarthy	2755 N.W. 47th Lane	Lauderdale Lakes, Fl. 33313
Sec.	Joan Phillips	2809 N.W. 47th Lane	Lauderdale Lakes, Fl. 33313

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 qualifies 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: Joanna Price President Joanna Price 4/21/04 954-713 2352  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #