

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 NOV 29 PM 3: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11222006 REIN-NP CR2E099 (11/05)

DOCUMENT #724132 1. Entity Name THE COLONIES TWO, INC.					
Principal Place of Business 2649 N.W. 47TH LANE LAUDERDALE LAKES, FL 33313			Mailing Address 2649 N.W. 47TH LANE LAUDERDALE LAKES, FL 33313		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1804094	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHOTTENFELD, DAVID ESQ 7520 N W 5TH ST STE 203 PLANTATION, FL 33317			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		 David J. Schottenfeld, Esq.		DATE	
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KERLEW, SMITH	NAME	10/13/06 01011 020 \$236.25		
STREET ADDRESS	2775 NW 47TH LANE	STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313	CITY-ST-ZIP			
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDREWS, MINNIE	NAME	VP Catherine Pathier		
STREET ADDRESS	2623 NW 47TH LANE	STREET ADDRESS	2600 NW 47th Lane		
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313	CITY-ST-ZIP	Lauderdale Lakes, FL 33313		
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCARTHY, GARY	NAME	T Thidine Atkinson		
STREET ADDRESS	2755 N W 47TH LANE	STREET ADDRESS	2646 NW 47 Lane		
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313	CITY-ST-ZIP	Lauderdale Lakes, FL 33313		
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GROOVER, LINDA	NAME	S Joan Phillips		
STREET ADDRESS	2751 NW 47TH LANE	STREET ADDRESS	2608 NW 47 Lane		
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313	CITY-ST-ZIP	Lauderdale Lakes, FL 33313		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		SIGNATURE:		11/22/06 954-731-1030	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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