


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
~~REINSTATEMENT~~
 2009 AR



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 727929

1. Corporation Name
 Colonnades Condominium Association
 No. 8, Inc.

2. Principal Office Address - No P.O. Box # 1140 Bayshore Drive		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Pierce, FL		City & State	
Zip 34949	Country St Lucie	Zip	Country

7. Name and Address of Current Registered Agent

Name
Roseamrie Patterson

Street Address (P.O. Box Number is Not Acceptable)
1188 Commodore Court

Suite, Apt. #, Etc.
Apt 101

City
Fort Pierce, FL

State
FL

Zip Code
34949

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-1576785

Applied For
☐ Not Applicable

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

☐ 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
 Roseamrie Patterson
 REGISTERED AGENT MUST SIGN

Date
7/20/09

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	Rosemarie Patterson	1188 Commodore Court, Apt 101	Fort Pierce FL 34949
VP	Vernon Bowen	1188 Commodore Court Apt 102	Fort Pierce FL 34949
Secty	Ernest Stefan	1188 Commodore Court Apt 106	Fort Pierce FL 34949
Treas	Scott Spray	1181 Carlton Court Apt 104	Fort Pierce FL 34949
Direct	Herbert Conover	1181 Carlton Court Apt 104	Fort Pierce FL 34949

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: Roseamrie Patterson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
7/20/09

Daytime Phone #
772-464-2432

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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7/24/09