PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

09 HAY -7 PM 3: 59

SECRETARY OF STATE TALLANASSEE, FLORIDA

DOC	JMF	NT#	752.	173
-----	-----	-----	------	-----

1. Corporation Name

Cold	onial Gables Homed	wners' Associa	ation, INC			- 4 24.	
4025 Cattlemen Rd 4		1 -	3. Mailing Office Address 4025 Cattlemen Rd Suite, Apt. #, etc PMB 137		200155622812 05/07/0901011030 **183.75 REINSTATEMEN 7 0 9 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number not applicable Applied For		
		1 '''					
		City & State Sarasota FL					
Zip 34 233	Country USA	Zip 34233	Country USA	6. CERTIFICATE		Additional Fee required a Certificate of Status	
	7. Name and Address	s of Current Registered Age	ent				
Name Patterson, Daniel				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.			
Street Address (P.O. Box Number is Not Acceptable) 5403 Knollwood Place			the pri				
Suite, Apt. #. Etc.							receive
City Sarasota State FL 343				— lee be walved.			
8. I, being Signature o Registered		above highed corporation, am ### A TUVE TO THE REGISTERED AGENT MUS	familiar with and accept the	obligations of sections	on 607 0505 or 617.0503, F.S. Date 4-15-0	9	
9. Name:	s and Street Addresses of Each Officer	and/or Director (Florida nonpr	rofit corporations must list at	least 3 directors)			
Titles	Name of Officers and/or Direct	ors	Street Address of Each Officer and/or Director		City / State / Zip		
	Jomisko, Kennth		5540 Cedarwood Drive		Sarasota FL 34232		
	Summerall, Robert		5553 Rollingwood Drive		Sarasota FL 34232		
	Patterson, Daniel		5403 Knollwood Place		Sarasota FL 34232		
Rínker, Lori					Sarasota FL 34232		
Daniels, Carol		5521 [5521 Duncanwood Drive		Sarasota FL 34232		
	ly that I am an officer or director or the re-						

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.

944-861-2001

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-09

H 441-378-3910

Daytime Phone #

From: Dan Patterson [mailto:djpat77@verizon.net]

Sent: Sunday, March 01, 2009 3:02 PM

To: corphelp

Subject: Annual Report

Never received the notice to file the annual report notice. What is required to reregister our organization.

I just learned as the treasurer this need to be each year and that I could go online to complete the updated.

Dan Patterson 941-378-3910

Florida Non Profit Corporation

COLONIAL GABLES HOMEOWNERS' ASSOCIATION, INC.

Filing Information

Document Number 752773

FEI Number

N/A

Date Filed

06/03/1980

State

FL

Status

INACTIVE

Last Event

ADMIN DISSOLUTION FOR ANNUAL REPORT

Event Date Filed

09/14/2007

Officer/Director Detail

Name & Address

Title P

JOMISKO, KENNTH 5540 CEDARWOOD DR SARASOTA FL 34232

Title V

SUMMERALL, ROBERT 5553 ROLLINGWOOD DR SARASOTA FL 34232

Title T

PATTERSON, DANIEL 5403 KNOLLWOOD PL SARASOTA FL 34232

Title S

LORI L RINKER 5306 FOXWOOD DR SARASOTA, FL 34232 Title BD

DANIELS, CAROL 5521 DUNCANWOOD DRIVE SARASOTA FL 34232

Title BD

DANIELS, WAYNE G 5321 DUNCANWOOD DR SARASOTA FL 34232