


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 14 AM 8:00

DOCUMENT # 771245

1. Corporation Name

COLONIAL OAKS HOMEOWNERS ASSN.  
INC.

**REINSTATEMENT** 97-04  
MRS

2. Principal Office Address

5768 QUINTETTE RD.

Suite, Apt. #, etc.

City & State

PACE, FL

Zip

32571

Country

USA

3. Mailing Office Address

5768 QUINTETTE RD.

Suite, Apt. #, etc.

City & State

PACE, FL

Zip

32571

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/83

5. FEI Number

59-2356473

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PHIL CRAIN

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

5768 QUINTETTE RD.

Suite, Apt. #, Etc.

City

PACE

State

FL

Zip Code

32571

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

Phil Crain

REGISTERED AGENT MUST SIGN

Date

9/9/04

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
D	WANDA CAMPBELL	5768 QUINTETTE RD.	PACE, FL 32571
D	MARCIASHEPPARD	312 ALABAMA ST.	JAY, FL 32565
D/P	PHIL CRAIN	5768 QUINTETTE RD.	PACE, FL 32571
			000041055130 09/14/04--01016--009 **\$65.00

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 under section 119.07(3)(i), 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:

Phil Crain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/9/04

Daytime Phone #

CR2E081 (01/04)