

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS



FILED

2002 OCT 31 AM 10:52

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000011989

Name and Mailing Address

0004523 01 FP 0.352 \*\*PRSR T4 0 0615 33446-234336

COLONIAL CONDOMINIUM ASSOCIATES, LLC  
16136 VILLA VIZCAYA PLACE  
DELRAY BEACH FL 33446-2343



2. New Mailing Address

City, State, Zip

Principal Place of Business

16136 VILLA VIZCAYA PLACE  
DELRAY BEACH FL 33446

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

07/19/2001

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

ROSS, HARRIS A  
16136 VILLA VIZCAYA PLACE  
DELRAY BEACH FL 33446

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/26/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)

Name of Managing  
Members/Managers

Street Address of Each  
Managing Member/Manager

City / State / Zip

Mr Harris A Ross 16136 Villa Vizcaya FL Delray Beach FL 33446

200008731982  
10/31/02--01093--001 \*\*150.00

REINSTATEMENT 2002

CP

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Harris A Ross