

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -8 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000002012

1. Corporation Name

COLONIAL LINKS VILLAS AT HERITAGE GREENS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12631 WESTLINKS DRIVE #1
FORT MYERS FL 33913

14275 SW 142 AVENUE
MIAMI FL 33186



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

MMI

3. New Mailing Office Address, If Applicable

MMI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14275 SW 142 AVE

14275 SW 142 AVE

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Zip

33186

33186

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PB	PERSICILLI, TONY	12631 WESTLINKS DRIVE #1	FORT MYERS FL 33913
VD	CAMPBELL, JOHN	12631 WESTLINKS DRIVE #1	FORT MYERS FL 33913
STD	SEGUI, DON	1988 GRESTVIEW WAY	NAPLES FL 34119
PD	WADE, MARY LOU	1908 GRESTVIEW WAY	NAPLES FL 34119
VD	DAVIS, MICHAEL	1904 GRESTVIEW WAY	NAPLES FL 34119
TD	DONDUVZ, DOLORES	1841 AVIAN CT.	NAPLES FL 34119

8. Name and Address of Current Registered Agent

PERSICILLI, TONY
12631 WESTLINKS DRIVE #1
FORT MYERS FL 33913

9. Name and Address of New Registered Agent

Name
RICHARD DEBOEST, ESQ
Street Address (P.O. Box Number is Not Acceptable)
1415 HENDRY STREET
Suite, Apt. #, Etc.
City
FT. MYERS
State
FL
Zip Code
33901

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/15/03

11. 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:

[Signature]

MARY LOU WADE

12/2/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)