

MAR. 21. 2008 9:03AM C S C

NO. 357 P. 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 20 AM 11:36

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000004513

1. Corporation Name

THE COLONNADE CONDOMINIUM ASSOCIATION,
INC.

2. Principal Office Address - No P.O. Box #

180 Aragon Avenue

Suite, Apt. #, etc.

City & State

Coral Gables

Zip

331345439

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/2001

5. FEI Number
650336471

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ 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

Quanda Pratt

REGISTERED AGENT MUST SIGN

Date 3-21-08

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
PD	Steven A. Margol	3340 Players Club Pkwy, Ste 200	Memphis, TN 38125
VPTD	Phillip W. Hutchins	3340 Players Club Pkwy, Ste 200	Memphis, TN 38125
VPD	Joseph Dobbs	200 Crescent Court, Ste. 250	Dallas, TX 75201
VPD	Jack Goodrich	9130 S. DadeLand Blvd., Ste 100	Miami, FL 33156
REINSTATEMENT 05-08 12.3/20/08			

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:

Jack Goodrich

Jack Goodrich

3-20-08

817-321-1456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

THE COLONNADE CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$481.25

Amanda Roth x2955

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