PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 14 AM 8:45

DOCUMENT # N01605

1. Corporation Name (including)
Colonial Coach Estates Mobile Home Residents Association

2. Principal Office Address	**3.** Mailing Office Address
1022 Marco Court	1022 Marco Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth Florida	City & State: Lake Worth, Florida
Zip: 33463 Country: USA	Zip: 33463 Country: USA

REINSTATEMENT 89-01

4. Date Incorporated or Qualified To Do Business in Florida: Feb. 23, 1984

5. FEI Number: 59-2495311 Applied For ☐ SP Applicable

6. CERTIFICATE OF STATUS DESIRED (Yes) ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

800004563748--7
-08/30/01--01031--020
****980.00 ****980.00

Name: Donald J. Virginia
Street Address (P.O. Box Number is Not Acceptable): 1022 Marco Court
Suite, Apt. #, Etc.:
City: Lake Worth State: FL Zip Code: 33463

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: Donald J. Virginia (REGISTERED AGENT MUST SIGN) Date: 6-18-01

CR2E081 (9/00)

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
president: D	Donald J. Virginia	1022 Marco Court	Lake Worth, FL. 33463
vice president D	James E. Cornman	157 Willow lane	Lake Worth FL. 33463
secretary D	Lisa Thrash	947 Dans Place	Lake Worth FL. 33463
treasurer D	Debora M. Riley	63 North Stuart Circle	Lake Worth FL. 33463
chairman of the board:	Debora M. Riley	63 North Stuart Circle	Lake Worth FL. 33463

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: Donald J. Virginia 6-18-01 (561) 964-2071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #