

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 SEP 19 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000003827

1. Corporation Name

Colonial Village Park Homeowners' Association, Inc.

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

3110 Colonial Drive

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33759

Country

USA

3. Mailing Office Address

3110 Colonial Drive

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33759

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/20/2002

5. FEL Number

76-0761622

☒ 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

Diana Bertran

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

3110 Colonial Drive

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33759

☐ 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

Date 9/16/07

REGISTERED AGENT MUST SIGN

**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	Gregory J. Andrews	3107 Colonial Drive	Clearwater, FL 33759
Vice President	Diana Bertran	3110 Colonial Drive	Clearwater, FL 33759
Treasurer	Diana Bertran	3110 Colonial Drive	Clearwater, FL 33759
Secretary	Roger Twigg	3100 Colonial Drive	Clearwater, FL 33759

**REINSTATEMENT**

04/07

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/07

Date

727-797-7320

Daytime Phone #

Twigg