FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 15 OCT 17 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # N03000003869

1. Corporation Name

GARDEN LAKES AT COLONIAL RECREATION ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2180 WEST SR 434		2180 WEST SR 434	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
STE 5000		STE 5000	
City & State		City & State	
LONGWOOD FL		LONGWOOD FL	
Zip	County	Zip	County
32779	USA	32779	USA

4. Date Incorporated or Qualified To Do Business In Florida
05/07/2003

5. FEI Number
20-0298499 ☐ 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
SENTRY MANAGEMENT INC

Street Address (P.O. Box Number is Not Acceptable)
2180 WEST SR 434

Suite, Apt. #, etc.
STE 5000

City: LONGWOOD | State: FL | Zip Code: 32779

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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 James L. Hart Jr. Date 10/8/15
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	BERNIE HORAN	2180 WEST SR 434 STE 5000	LONGWOOD FL 32779
VICE PRESIDENT	JEFF HOFFMAN	2180 WEST SR 434 STE 5000	LONGWOOD FL 32779
SECRETARY	GUS DIBIANCO	2180 WEST SR 434 STE 5000	LONGWOOD FL 32779

10. E-mail Address: INFORMATION@SENTRYMGT.COM
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Bernadine Horan Bernadine Horan Pres. 10/6/15 248-477-1971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON