

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *NO3000010093*

1. Corporation Name

*THE COLONY AT MORTON GROVE
CONDOMINIUM ASSOCIATION, INC.*

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

3050 N. HORSESHOE DR.

Suite, Apt. #, etc.

275

City & State

NAPLES

Zip

34104

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

CR2E081 (12/05)

5. FEI Number

54-2143942

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

HEDRICH, NORMAN

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

10981 BONITA BEACH RD

Suite, Apt. #, Etc.

City

BONITA SPRINGS FL.

State

FL

Zip Code

34135

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

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
<i>P</i>	<i>HEDRICH, NORMAN</i>	<i>10981 BONITA BEACH RD</i>	<i>BONITA SPRINGS FL. 34135</i>
<i>S/T</i>	<i>HEDRICK, CLEDA</i>	<i>10981 BONITA BEACH RD</i>	<i>BONITA SPRINGS FL. 34135</i>
<i>VP</i>	<i>LEAHY, JENNIFER</i>	<i>12341 NOTTING HILL LANE #21</i>	<i>BONITA SPRINGS FL</i>
	<i>8/9/25</i>		

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

Date

9.18.06

Daytime Phone #