PLEASE READ ALL I[redacted]CTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 17 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002090

1. Corporation Name
COLONY AT PONTE VEDRA I CONDOMINIUM ASSOCIATION, INC

REINSTATEMENT 03-05

CR2E081 (8/05)

2. Principal Office Address	3. Mailing Office Address
10033 SAWGRASS DR W	SAME
Suite, Apt. #, etc.: 102	Suite, Apt. #, etc.:
City & State: PONTE VEDRA BCH, FL	City & State:
Zip: 32082 Country: USA	Zip: Country:

4. Date Incorporated or Qualified - To Do Business in Florida: 4/22/1994

5. FEI Number: 593276889 ☐ 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: WILLIAM H. RENO, II
Street Address (P.O. Box Number is Not Acceptable): 10033 SAWGRASS DR. W.
Suite, Apt. #, Etc.: 102
City: PONTE VEDRA BCH, State: FL Zip Code: 32082

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: [signature] LIC COMM
REGISTERED AGENT MUST SIGN
Date: 11/7/05

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
Pres	JOHN CRONKITE	#14 PONTE VEDRA COLONY CIRCLE	PONTE VEDRA BCH FL
TREAS.	DEANN CAPASSO	#61 PONTE VEDRA CIR	PV BCH, FL 32082
SEC	ADAM LA BARBERA	#16 PONTE VEDRA COLONY CIRCLE	PONTE VEDRA BCH FL 32082

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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: [signature] JOHN R. CRONKITE 11/7/05 (904) 280-7559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #