PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
May 03, 2002 8:00 A.M
Secretary of State

DOCUMENT # N 94000003854

1. Corporation Name
Colony at Ponte Vedra II Condominium Assoc.

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-05/14/02--01057--018
****245.00 ****245.00

2. Principal Office Address	3. Mailing Office Address
10161 Centurion Pkwy N.	Same
Suite, Apt. #, etc. Suite # 150	Suite, Apt. #, etc.
City & State Jacksonville, FL	City & State
Zip 32256 Country St. Johns	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 1994

5. FEI Number 59-3276890 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: Ernestine L. Clark

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Street Address (P.O. Box Number is Not Acceptable): 10161 Centurion Parkway N.

Suite, Apt. #, Etc.: Suite 150

City: Jacksonville State: FL Zip Code: 32256

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: Ernestine L. Clark Ernestine L. Clark Date: 4-25-02
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
D/P	Pat Ashley	25 Ponte Vedra Colony Circle	Ponte Vedra Beach, FL 32082
D/VP	Geraldine F. Woods	23 Ponte Vedra Colony Circle	Ponte Vedra Beach, FL 32082
D/S	Jane Ingram	28 Ponte Vedra Colony Circle	Ponte Vedra Beach, FL 32082
D/	Ernestine L. Clark	10161 Centurion Pkwy N. #150	Jacksonville, FL 32256

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: Ernestine L. Clark Ernestine L. Clark 4/25/02 (904) 620-0994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #