PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 15 AM 9:06

DOCUMENT # N94000003854

1. Corporation Name

COLONY AT PONTE VEDRA II CONDOMINIUM ASSOCIATION, INC.

REINSTATEMENT 03-24

2. Principal Office Address	**3.** Mailing Office Address
25 Ponte Vedra Colony Circle	
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State: Ponte Vedra Beach, FL	City & State
Zip: 32082 Country: St. Johns	Zip: ~~32082~~ Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/02/1994

5. FEI Number: 593276890 ☐ 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: Ernestine L. Clark
600039189216
07/15/04--01052--005 **175.00

Street Address (P.O. Box Number is Not Acceptable): 10161 Centurion Pkwy N. #150
600039189216
07/15/04--01052--006 **70.00

Suite, Apt. #, Etc.: #150
600039189216
07/15/04--01052--007 **61.25

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 _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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 P.V. Colony Circle	Ponte Vedra Beach, FL 32082
D/VP	Geraldine F. Woods	23 Ponte Vedra Colony Circle	Ponte Vedra Beach, FL 32082
D/ST	James Wright	26 Ponte Vedra Colony Circle	Ponte Vedra Beach, FL 32082

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: Pat Ashley — Pat Ashley — 1/24/04 — (904) 887-9450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #