

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 MAY -6 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000000945**

1. Corporation Name

**COLONY AT PONTE VEDRA VII CONDOMINIUM ASSOCIATION, INC.**

**REINSTATEMENT**



01-02

Principal Place of Business

Mailing Address

10161 CENTURION PKWY N.  
150  
JACKSONVILLE FL 32256  
US

10161 CENTURION PKWY N.  
150  
JACKSONVILLE FL 32259  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/24/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3349013

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DICK, ALEXANDER	78 PONTE VEDRA COLONY CIRCLE	PONTE VEDRA BEACH FL 32082
<del>DGT</del> D/S	CLARK, ERNESTINE L.	10161 CENTURION PKWY N., SUITE 1	JACKSONVILLE FL 32256
VPD	BARNCASTLE, ROBERT J	121 GLEN COVE PL	PONTE VEDRA BEACH FL 32082
T/D	Frankenberg, Constance	71 Ponte Vedra Colony Circle	Ponte Vedra Beach, FL 32082
			100005556141--8 -05/17/02-01009-009 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

DUSS, JOHN S IV  
50 N LAURA ST  
STE. 2800  
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name  
*Ernestine L. Clark*  
Street Address (B.O. Box Number is Not Acceptable)  
*10161 Centurion Pkwy N. 1*  
Suite, Apt. #, Etc.  
*Suite 150*  
City  
*Jacksonville*  
State  
**FL**  
Zip Code  
*32256*

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Ernestine L. Clark*  
Ernestine L. Clark REGISTERED AGENT MUST SIGN

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Date: *4/25/02* \*\*\*\*\*61.25

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., 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 Daytime Phone #