

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 AUG -5 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001621

1. Corporation Name

Colony Ranch Estates
Property Owners Association, Inc.

2. Principal Office Address

7820 Hackamore Rd.

Suite, Apt. #, etc.

City & State

Zephyrhills, FL

Zip

33541

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99-02

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

1/6/1995

5. FEI Number

59-3336728

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

Jonathan W. Newlon

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

37947 Pasco Avenue

Suite, Apt. #, Etc.

City

Dade City

State
FL

Zip Code

33525

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]

REGISTERED AGENT MUST SIGN

Date

6/25/2002

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
P.D	David O'Donnell	7422 Pommel Place	Zephyrhills, FL 33541
S.D	Edith Hopkins	7425 Hackamore Rd.	Zephyrhills, FL 33541
VP.D	Don Gibbs	7821 Hackamore Rd.	Zephyrhills, FL 33541
T.D	Susie Gibbs	7821 Hackamore Rd.	Zephyrhills, FL 33541
AS	Jonathan Newlon	14050 Old Mission Rd	Dade City, FL 33525

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan W. Newlon

Date

6/25/2002

Daytime Phone #

352-521-3449

CR2E081 (9/01)

js 8/6/02