

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N95000002940

1. Corporation Name

COLONY AT PONTE VEDRA VI CONDOMINIUM ASSOCIATION
, INC.

FILED

02 MAY -6 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

Principal Place of Business

10161 CENTURION PKWY N
SUITE 2800
JACKSONVILLE FL 32256
US

Mailing Address

10161 CENTURION PKWY N.
150
JACKSONVILLE FL 32256
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/1995

5. FEI Number

59-3210864

Applied For

Not Applicable

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
DP	PARKERSON, JOHN T JR	67 PONTE VERDE COLONY CIRCLE	PONTE VEDRA BEACH FL 32082
DVP D/P	RHYE, BARTLEY T Rhue,	62 PONTE VEDRA COLONY CIRCLE	PONTE VEDRA BEACH FL 32082
DST	HOLTON, DEBORAH L	64 PONTE VEDRA COLONY CIRCLE	PONTE VEDRA BEACH FL 32082
DVP	Holton, Deborah L.	64 Ponte Vedra Colony Circle	Ponte Vedra Beach, FL 32082
DI	Ernestine L. Clark	10161 Centurion Pkwy N. #150	Jacksonville, FL 32256
			400005556134--0 -05/17/02--01009--007 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

DUSS, JOHN S IV
10110 SAN JOSE BLVD
JACKSONVILLE FL 32257

9. Name and Address of New Registered Agent

Name
Ernestine L. Clark
Street Address (P.O. Box Number is Not Acceptable)
10161 Centurion Pkwy N. #150
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 *****245.00

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
Date Daytime Phone #

CR2E040 (8/01)