

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 28 PM 1:13

DOCUMENT # **N96000001434**

1. Corporation Name

COLONY LAKE HOMEOWNERS ASSOCIATION, INC.

900004572479---7
-09/06/01--01046--024
***358.75 ***358.75

Principal Place of Business

Mailing Address

5111 OCEAN BLVD.
SARASOTA FL 34242

5111 OCEAN BLVD.
SARASOTA FL 34242

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

2. New Principal Office Address, If Applicable
2033 Main Street

3. New Mailing Office Address, If Applicable
P.O. Box 4195

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/1996

SP

Suite, Apt. #, etc.
Suite 600

Suite, Apt. #, etc.

5. FEI Number

65-0830483

Applied For

Not Applicable

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip
34237 Country
USA

Zip
34230-4195 Country
USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD VD	KREBS, ROD	5111 OCEAN BLVD.	SARASOTA FL 34242
VD	KREBS, CHRIS	5111 OCEAN BLVD.	SARASOTA FL 34242
STD	HYMAN, ROZ	5111 OCEAN BLVD.	SARASOTA FL 34242
PD	Rene Claudeaux	6350 S. Tamiami Trail Suite 8	Sarasota, FL 34236
SD	Kelly Claudeaux	6350 S. Tamiami Trail Suite 8	Sarasota, FL 34236

8. Name and Address of Current Registered Agent

KREBS, ROD
5111 OCEAN BLVD.
SARASOTA FL 34242

9. Name and Address of New Registered Agent

Name
Stephen D. Rees, Esquire
Street Address (P.O. Box Number is Not Acceptable)
2033 Main Street
Suite, Apt. #, Etc.
Suite 600
City
Sarasota State
FL Zip Code
34237

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 *Stephen D. Rees* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date *8/28/96*

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:

Rene Claudeaux
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rene Claudeaux

Date

Daytime Phone #