

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 FEB 26 PM 1:34

DOCUMENT # N96000002756

1. Corporation Name
COLONNADES CONDOMINIUMS ASSOC. NO#6, INC

300245074253
02/26/13--01004--007 **297.50

2. Principal Office Address - No P.O. Box #
COLONNADES CONDOMINIUM ASSOC. #6

3. Mailing Office Address
1203 BAYSHORE DR 102

Suite, Apt. #, etc.
#102

Suite, Apt. #, etc.
#102

City & State
FORT PIERCE, FL

City & State
FORT, PIERCE, FL

Zip Country
34949 USA

Zip Country
34949 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
05-17-1996

5. FEI Number
591445054

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
JAMES PAULY
Street Address (P.O. Box Number is Not Acceptable)
1203 BAYSHORE DRIVE
Suite, Apt. #, Etc.
#102
City
FORT PIERCE State
FL Zip Code
34949

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] Date FEB 7, 2013
REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|-----------------------|
| PRES | JAMES PAULY | 1203 BAYSHORE DR 102 | FORT PIERCE, FL 34949 |
| VP | TAMMY KINDLUND | 1203 BAYSHORE DR 301 | FORT PIERCE, FL 34949 |
| TRES | ROSS CRITTENDON | 610 FABER AVE | FORT PERCE, FL 34949 |
| SEC | SANDRA PAULY | 1203 BAYSHORE DR 102 | FORT PIERCE, FL 34949 |

REINSTATEMENT

FEB 26 2013

10. E-mail Address: JIMN PAULY @ YAHOO.COM

R. HUNT

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2013

Date

847-404-5374

Daytime Phone #