PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 03

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

03 JAN 13 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/13/03--01097--010 **122.50

DOCUMENT # N99000003621

1. Corporation Name

Parkwood at Colony West Owners' Association, Inc.

2. Principal Office Address	3. Mailing Office Address
10034 W McNab Rd	10034 W McNab Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMARAC	City & State: TAMARAC, FL
Zip: 33321 Country:	Zip: 33321 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 6/10/1999

5. FEI Number: NONE ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

10/29/02 --01036--001 **61.25
300008644023

7. Name and Address of Current Registered Agent

Name: James R. Miles

Street Address (P.O. Box Number is Not Acceptable): 10034 West McNab Rd

Suite, Apt. #, Etc.:

City: TAMARAC State: FL Zip Code: 33321

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: _____ Date: 10/18/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PD	Dougherty, Jim	10034 W McNab Rd	Tamarac, FL 33321
SD	Stafano, D	10034 W Mc-NAb Rd	Tamarac, FL 33321
TD	Gay, Tom	10034 W McNab Rd	Tamarac, FL 33321

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: _____ 10/21/02 954-718-9903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JT 1/14