

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2010 JUL 16 P 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200183357762  
07/16/10--01021--008 \*\*358.75

CR2E081 (11/09)

DOCUMENT #

N99000005763

1. Corporation Name

Colonial Hills Homeowners Association Inc

2. Principal Office Address - No P.O. Box #

12033 Colonial Est Ln

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Riverview

City & State

Zip

Country

FL

Zip

Country

33579

4. Date Incorporated or Qualified  
To Do Business in Florida

9/28/99

5. FEI Number

593634814

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

Dave Charbneau

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

12033 Colonial Est Lane

Suite, Apt. #, Etc

City

Riverview

State

FL

Zip Code

33579

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607.0095 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/12/10

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	Dave Charbneau	12033 Colonial Estates Lane	Riverview FL 33579
VPS	Deon LaFollette	12115 Colonial Estates Lane	Riverview FL 33579
SD	Sheena Woolley	12030 Colonial Estates Lane	Riverview FL 33579
TD	Lori Jackson	12209 Colonial Estates Lane	Riverview FL 33579
SOD	Linda Charbneau	12033 Colonial Estates Lane	Riverview FL 33579

10. E-mail Address:

SheenaWoolley @ Craneworks . com

(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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheena Woolley

Date

4/12/10

Daytime Phone #

813 601 4141