

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P99000030962</b> 1. Entity Name <b>PARK RIDGE VILLAS, INC.</b>			
Principal Place of Business <del>1046 DEPOT COURT</del> <del>WINTER GARDENS, FL 34787</del> <b>4409 Hidden Shadow Dr</b> <b>TAMPA FL 33614</b>		Mailing Address <del>1046 DEPOT COURT</del> <del>WINTER GARDENS, FL 34787</del> <b>4409 Hidden Shadow Dr</b> <b>TAMPA FL 33614</b>	
2. Principal Place of Business Suite, Apt. #, etc. <b>DA TAMPA</b> City & State <b>FL</b>		3. Mailing Address Suite, Apt. #, etc. <b>DA</b> City & State <b>TAMPA FL</b>	
Zip <b>33614</b>	Country <b>Hillsborough</b>	Zip <b>33614</b>	Country <b>Hillsborough</b>
4. FEI Number <b>59-3567782</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>COLON, DAVID</b> <b>1046 DEPOT COURT</b> <b>WINTER GARDENS, FL 34787</b> <b>4409 Hidden Shadow Dr</b> <b>TAMPA FL 33614</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PD</b>	NAME <b>COLON, DAVID</b>	TITLE <b>800078466405</b>	
STREET ADDRESS <b>1046 DEPOT COURT</b>	CITY - ST - ZIP <b>WINTER GARDENS, FL 34787</b>	NAME <b>08/08/06--01027--010 **308.75</b>	
TITLE <b>VD</b>	NAME <b>COLON (SON), DAVID</b>	STREET ADDRESS 	
STREET ADDRESS <b>1046 DEPOT COURT</b>	CITY - ST - ZIP <b>WINTER GARDENS, FL 34787</b>	CITY - ST - ZIP 	
TITLE <b>VD</b>	NAME <b>COLON DAVID JR</b>	TITLE 	
STREET ADDRESS <b>4409 Hidden Shadow</b>	CITY - ST - ZIP <b>DA TAMPA</b>	NAME 	
TITLE <b>DA</b>	NAME <b>FL 33614</b>	STREET ADDRESS 	
STREET ADDRESS 	CITY - ST - ZIP 	CITY - ST - ZIP 	
TITLE <b>DA</b>	NAME <b>DAVID SA COLON</b>	TITLE 	
STREET ADDRESS <b>4409 Hidden Shadow</b>	CITY - ST - ZIP <b>TAMPA FL 33614</b>	NAME 	
TITLE 	NAME 	STREET ADDRESS 	
STREET ADDRESS 	CITY - ST - ZIP 	CITY - ST - ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>7/27/06</b> Daytime Phone # <b>814-454-9833</b>	

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TALLAHASSEE, FLORIDA



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