


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

03 APR 29 AM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **755924**

1. Corporation Name  
**Meadows Somerset Condominium Association,  
c/o Advanced Mgmt. of SW FL, Inc Inc.  
9031 Town Center Pkwy  
Bradenton, FL 34202**

2. Principal Office Address  
Suite, Apt. #, etc.

3. Mailing Office Address  
**9031 Town Center Pkwy**  
Suite, Apt. #, etc.

City & State  
**Bradenton, FL**

Zip Country  
**34202 USA**

**700015442647**  
04/08/03--01001--009 ##297.50  
**REINSTATEMENT 02-03**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
**59-2103239** 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  
**Advanced Management of Southwest Florida, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**9031 Town Center Parkway**

Suite, Apt. #, Etc.

City  
**Bradenton** State **FL** Zip Code **34202**

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]** **President** Date **3-21-03**

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
PD	Bill Beans	5312 Myrtlewood	Sarasota, FL 34235
DVP	Helen Hatcher	5314 Myrtlewood Dr.	Sarasota, FL 34235
D	Secy Mary Ann Leathers	5378 Myrtlewood	Sarasota, FL 34235
D	Treas Charlie Peirce	5264 Myrtlewood	Sarasota, FL 34235

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: **[Signature]** Date **Mar. 20, 2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (10/02)