PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 DEC -7 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L95165

1. Corporation Name

M.E.O.W., Incorporated

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-12/10/01--01112--018
***1200.00 ***1200.00

2. Principal Office Address	**3.** Mailing Office Address
208 W. Hwy. 41	P.O. Box 2169
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Alachua, FL	City & State: Alachua, FL
Zip: 32615-9169 Country: Alachua	Zip: 32615-9169 Country: Alachua

4. Date Incorporated or Qualified To Do Business in Florida: 8/20/90

5. FEI Number: 593025859 ☐ 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: Richard Jones

Street Address (P.O. Box Number is Not Acceptable): 408 W. University Avenue

Suite, Apt. #, Etc.: Suite 500

City: Gainesville State: FL Zip Code: 32601

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 9.26.01

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
PTD	Gene Stine	6714 N.W. 57 Way	Gainesville, FL
VSD	Cathy L. Stine	6714 N.W. 57 Way	Gainesville, FL
		98-01	TS
		REINSTATEMENT	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided f…17, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the re… 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 exe… tion 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.

SIGN HERE

SIGNATURE: Cathy L Stine 11.26.01 386.462.7225

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