

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY -6 PM 2: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000005692

1. Corporation Name

The MeadowView Estates HomeOwners'
Association Inc.

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

1039 Anolas Way

Suite, Apt. #, etc.

3. Mailing Office Address

1039 Anolas Way

Suite, Apt. #, etc.

City & State

Lutz FL

City & State

Lutz FL

Zip

33548

Country

USA

Zip

33548

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

9-15-06

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

200155531242
05/06/09--01021--010 **298.75
REINSTATEMENT 06-09

7. Name and Address of Current Registered Agent

Name

STACEY STEGURA

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

1039 Anolas Way

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33548

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 section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Stacey Stegura

REGISTERED AGENT MUST SIGN

Date

5-1-09

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
Pres	Stacey Stegura	1039 Anolas Way	Lutz FL 33548
VP	Rj Anderson	"	Lutz FL 33548
Sec	SM Kumar	"	Lutz FL 33548
		\$1511	

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 contained in Chapter 119, 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:

Stacey Stegura STACEY STEGURA

Date

5-1-09

Daytime Phone #

813
909-9063