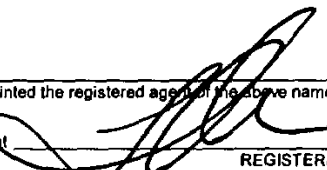
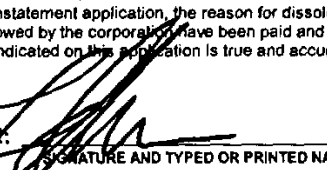


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED 29 AUG -9 AM 8:07 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # <u>N10328</u> Corporation Name				
THE MEADOWS IN NEW PORT RICHEY HOMEOWNERS ASSOCIATION, INC.				
Principal Place of Business 6545 MEADOWBROOK LANE NEW PORT RICHEY, FL 34653		Mailing Address 7634 Massachusetts Ave. New Port Richey, FL 34653-3022		800002962328---9 -03/17/99--01062--007 *****367.50 *****367.50
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, if Applicable 7634 Massachusetts Ave. Suite, Apt. #, etc. City & State New Port Richey, FL Zip 34653-3022		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 59-2571769 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>
				Applied For Not Applicable \$4.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	
1	2	3	4	
P/D	Neil Enerson	5022 Sherry Lane	New Port Richey, FL 34653	
VP/D	Mike Kaeler	5004 Sherry Lane	New Port Richey, FL 34653	
S/T/D	Francis Leonard Worwa	7634 Massachusetts Avenue	New Port Richey, FL 34653	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent	
			Name Francis Leonard Worwa	
			Street Address (P.O. Box Number is Not Acceptable) 7634 Massachusetts Avenue	
			Suite, Apt. #, Etc.	
			City New Port Richey	State FL
			Zip Code 34653-3022	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.				
Signature of Registered Agent 			Date 8-4-99	
REGISTERED AGENT MUST SIGN				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)				
12. 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 name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. <b>KE</b>				
SIGNATURE: 		Francis Leonard Worwa		8-4-99 727-847-5473
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #