

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2013 AUG 20 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 720103

1. Corporation Name  
MEADOWOOD CHRISTIAN FOUNDATION  
INC.

2. Principal Office Address - No P.O. Box #  
1644 MEADOWOOD  
Suite, Apt. #, etc. STREET

3. Mailing Office Address  
1644 MEADOWOOD ST  
Suite, Apt. #, etc.

City & State  
SARASOTA FLORIDA  
Zip Country  
34231 SARASOTA

4. Date Incorporated or Qualified  
To Do Business in Florida  
1/21/71  
5. FEI Number  
591313541  
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  
MARK W. LORD, ATTORNEY AT LAW  
Street Address (P.O. Box Number is Not Acceptable)  
46 NORTH WASHINGTON BOULEVARD  
Suite, Apt. #, Etc.  
16-D  
City State Zip Code  
SARASOTA FL 34236

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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] Date 8/8/13  
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
P/D	RICHARD A. LORD	1644 MEADOWOOD ST.	SARASOTA, FLORIDA 34231
SAC/PRASID	ROBERT F. NATHAN	2702 BEDFORD WAY	SARASOTA, FLORIDA 34239
D	D. KEMIN COUSINS	2528 BOUGHAVILLAS ST	SARASOTA, FLORIDA 34239
D	CLIFFORD CAIN	3025 ARLINGTON SE	SARASOTA, FLORIDA 34239
D	ROBERT WICKEN	3547 CONNADO DRIVE #705	SARASOTA, FLORIDA 34231

10. E-mail Address: \_\_\_\_\_  
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.  
SIGNATURE: [Signature] Date Aug 8th (941)-924-5542  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR