

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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



93 APR 29 AM 9:26  
 FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **723500**  
 1. Corporation Name  
**MERRIE OAKS VILLAGE ASSOCIATION, INC**

Principal Place of Business Mailing Address  
**2180 Park Ave. N. SUITE 326 WINTER PARK, FL 32789**  
**2180 Park Ave. N. SUITE 326 WINTER PARK, FL 32789**

**REINSTATEMENT** 93 091

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 Country

4. Date Incorporated or Qualified To Do Business in Florida **1972**  
 5. FEI Number **59-6526112**  
 6. CERTIFICATE OF STATUS DESIRED  **\$9.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	James Craig	264 Balfour Drive	Winter Park, FL 32792
T/D	Barbara Aufhammer	246 Balfour Drive	Winter Park, FL 32792
V/D	John Scribner	250 Balfour Drive	Winter Park, FL 32792
D	Barbara Barry	248 Balfour Drive	Winter Park, FL 32792

**5/D JAN DONCSEKZ 244 BALFOUR DR. WINTER PARK, FL-32792**

8. Name and Address of Current Registered Agent  
**Brett M. Jordan**  
**Specialty Mgmt. Co. of Central Florida, Inc.**  
**2180 Park Ave. N. Suite 326**  
**Winter Park, FL 32789**

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc  
 City  
**200002869942--7**  
**-05/10/99--01130--018**  
**\*\*\*603.75 \*\*\*603.75**  
 State Zip Code  
**FL**

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  
 REGISTERED AGENT MUST SIGN

Date: **4/22/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No

(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 607.0301 or 617.0301, F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.02(3)(a), 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.

**JAMES A. CRAIG, JR. - P**

SIGNATURE: **James A. Craig, Jr.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-99** **407-657-7994**  
 Date Date of Filing

CP250R (1-99)