PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 7427

1. Corporation Name

Carrollwood Meadows Homeowners Association

<u>740200008598</u>

Z. Principal Office Addre	SSS.	3. Mailing Office Address		
PO BOX	270902	PO BOX 270902		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City &-State		

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified *5/5/7*8 To Do Business in Florida 5. FEI Number 59-1822220

Florida Tampa Florida

- country - - - Zip - - Country - - US 33688 US

7. Name and Address of Current Registered Agent				
Nicole Char				
Street Address (P.O. Box Number is Not Accer	table).			
4910 Crofton Suite, Apt. #, Etc.	way way			
Tampa	FL 336 25			

8. (; being appointed the registered agent	of the above named corporation, a	m familiar with and accep	at the obligations of section 607.0505	5 or 617:0503, F.S.
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Signature of Registered Agent	$\underline{\checkmark}$	Tiule

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

trained to creat visit cases of Each officer and brocker (Fronte holpforit corporations must us at easy 5 oregons)				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
P	Nicole Chan	4910 Crofton Way	Tampa F1 33625	
S	Sandy Fredericks	13926 Farmington Blu	d Tampa F1 33625	
D	Lillian Weisbrod	13940 Farmington Blud	Tampa F1 33625	
D	Mike Bigica	13910 Country Court or	Tampa F1 33625	
D	thomas Duncan	14102 La Mesa Ct.		
A	Elizabeth Harris		Tampa F1 33625	

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 filling 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 under section 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Carrollwood Meadows Homeowners Association P.O Box 270902 Tampa Fl, 33688

Carrollwood Meadows Homeowners

March 9, 2002

Department of State Division of Corporations P.O. Box 6327 Tallahassee Fl, 32314

To Whom It May Concern:

Attached is the Carrollwood Meadows Homeowners Association Reinstatement Form. According to your records the Uniform Business Report was returned to your office in 1997. Therefore we are enclosing the following monies as instructed by your office via telephone:



Fees from 1997 minus \$175 reinstatement fee

Certificate of Status fee

\$376.25

Please feel free to call me if you have any questions. 813-334-7660

Sincerely,

Micolo Chan

-Nicole Chan-President



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 27, 2002

CARROLLWOOD MEADOWS HOMEOWNERS ASSOCIATION, INC. P O BOX 270902 TAMPA, FL 33688 US

SUBJECT: CARROLLWOOD MEADOWS HOMEOWNERS ASSOCIATION,

INC.

Ref. Number: 742717

We have received your document for CARROLLWOOD MEADOWS HOMEOWNERS ASSOCIATION, INC. and check(s) totaling \$376.25. However, your check(s) and document are being returned for the following:

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott Document Specialist

Letter Number: 802A00018330

Corrections Nade Nade Nade Nade 1/4/02 4/5/02 Resent