

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 APR 22 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751775

1. Corporation Name

Meed Homeowners Association Plat NO. 5, INC

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

7642 Meed Circle

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Lake Worth, Florida

City & State

Zip

33467

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/1980

5. FEI Number
592162426

☐ 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

Robert Smith

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

7626 Meed Circle

Suite, Apt. #, Etc.

City

Lake Worth

State
FL

Zip Code

33467

☒ 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

Robert Smith

REGISTERED AGENT MUST SIGN

Date

4/17/10

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
President	Mike Magee	7642 Meed Circle	Lake Worth, FL. 33467
VP	Robert Smith	7626 Meed Circle	Lake Worth, FL. 33467
Treas	Robert Mori	7646 Meed Circle	Lake Worth FL. 33467

10. E-mail Address: **rsmith4915@yahoo.com**

(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., 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.

SIGNATURE:

Robert Smith

Robert Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/10

Daytime Phone #

861-433-2405