

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F47112

1. Corporation Name

MEADOW WOOD PROPERTY COMPANY

Principal Place of Business

Mailing Address

C/O MEADOW WOOD COMPANIES
200 S. HOOVER BLVD., STE. 201-110
TAMPA FL 33609
US

C/O MEADOW WOOD COMPANIES
200 S. HOOVER BLVD., STE. 201-110
TAMPA FL 33609
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/1981

5. FEI Number

59-2119711

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	NORBOM, BENJAMIN E	200 S. HOOVER BLVD. SUITE 201-11	TAMPA, FL 00000
DVP	ROSENWASSER, MARC	200 S. HOOVER BLVD. SUITE 201-1	TAMPA FL
DS	NORBOM, NELDA	200 S. HOOVER BLVD. SUITE 201-1	TAMPA FL

400035559564
05/06/04--01023--019 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NORBOM, BENJAMIN E
200 S. HOOVER BLVD., STE 201-110
TAMPA FL 33609

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

B.E. 7 L L
REGISTERED AGENT MUST SIGN

Date

5/3/04

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 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.

SIGNATURE:

B.E. 7 L L
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/3/04

Daytime Phone #

813-289-8000