

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 20 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J05024

1. Corporation Name

MEADOWS BUSINESS SYSTEMS INCORPORATED

Principal Place of Business

Mailing Address

1057 CEPHAS RD

1057 CEPHAS RD

~~2010 ENTERPRISE ROAD~~~~2610 ENTERPRISE ROAD~~

CLEARWATER FL 33765

CLEARWATER FL 33765

US

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2639449

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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	4 City / State / Zip
CEO	MEADOWS, JERRILEE SKIP	1621 GULF BLVD, 502 2842 Quail Hollow Rd.	CLEARWATER FL 33761
ST	MEADOWS, ROBERT T	1621 GULF BLVD 502 2842 Quail Hollow Rd.	CLEARWATER FL 33761
P	MEADOWS, ANDREW D	1203 WILLOWICK CIR	SAFETY HARBOR FL

8. Name and Address of Current Registered Agent

MEADOWS, JERRILEE SKIP
1057 CEPHAS RD
CLEARWATER FL 33765

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent*Jerrilee Skip Meadows*
REGISTERED AGENT MUST SIGN

Date

11-23-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerrilee Skip Meadows

Date

12-14-99

Daytime Phone #

727-442-3771