

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 JAN 23 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002900

1. Corporation Name

Metro Acorn to oak INC
Self investment organization
and Orchard Meadows INC

2. Principal Office Address

6717 E. Washington St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1008

Suite, Apt. #, etc.

City & State

Monticello, FL 32344

Zip

32344

Country

Jefferson

City & State

Monticello FL

Zip

32344

Country

Jefferson

4. Date Incorporated or Qualified
To Do Business in Florida

5/1/2000

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2001-2002 UBR

7. Name and Address of Current Registered Agent

Name

Eula J. Fogle

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

6717 E. Washington St

Suite, Apt. #, Etc.

City

Monticello

State

FL

Zip Code

32344

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****122.50 ****122.50

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

Eula J. Fogle

REGISTERED AGENT MUST SIGN

Date 1/23/02

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
D	Eula J. Fogle	6717 E. Washington ST	Monticello, FLA. 32344
D	Vivian Thompkins	202 Greenville Park Circle Apt #1	Greenville Fla. 32331
D	Dorothy Epps	6717 E Washington ST	Monticello Fla. 32344
D	Mia Fogle Burton	6717 E Washington ST	Monticello, Fla. 32344
D	KATHY Williams	6717 E Washington ST	Monticello Fla. 32344

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 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:

Vivian Thompkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02
Date

997-5817
Daytime Phone #

CR2E081 (9/01)