

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

04 JAN 27 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000006094**

1. Corporation Name

**VISION FARMS RETREAT AND MEDITATION CENTER, INC.**

Principal Place of Business

**6850  
660+ NW 207 PLACE  
MCINTOSH FL 32664**

Mailing Address

**P.O. BOX 154 268  
MCINTOSH FL 32664-0154**



03-04

900027653799

01/27/04--01017--008 \*\*297.50

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

09/13/2000

Suite, Apt. #, etc.

**6850 NW 207 PLACE**

Suite, Apt. #, etc.

**P.O. BOX 268**

City & State

**MCINTOSH FL**

City & State

**MCINTOSH FL**

Zip

**32664**

Country

**MARION**

Zip

**32664**

Country

**MARION**

5. FEI Number

59-3645469

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 2 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
<del>STD</del>	<del>MEYER, ARLENE</del>	<del>P.O. BOX 154</del>	<del>MCINTOSH FL 32664</del>
<del>D</del>	<del>MEYER, CHRISTOPHER</del>	<del>P.O. BOX 154</del>	<del>MCINTOSH FL 32664</del>
<del>D</del>	<del>MCCARTHY, SARAH</del>	<del>1730 NW 39 TERR</del>	<del>GAINESVILLE FL 32605</del>
PD	SIMS, DOROTHY CLAY	118 SW FT KING ST	OCALA FL 34478
TD	TERRELL, TOBE	5590 AVE G P.O. BOX 155	MCINTOSH OCALA, FL 32664
D	HUNTER, OREGON	3305 SW 34TH CIRCLE SUITE ONE	OCALA FL 34474

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEYER, ARLENE  
6631 NW 207 PLACE  
MCINTOSH FL 32664

Name

Oregon Hunter

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

3305 SW 34TH CIRCLE, SUITE ONE

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34474

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

1.7.04

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)(l), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy Sims

Date

1.7.04

Daytime Phone #

352-629-0480

CR2E040 (7/03)