

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 # N00000006094

1. Corporation Name

VISION FARMS RETREAT AND MEDITATION CENTER, INC.

Principal Place of Business

6850  
6601 NW 207 PLACE  
MCINTOSH FL 32664

Mailing Address

P.O. BOX 268  
MCINTOSH FL 32664-0154

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.

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 2 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
STD	MEYER, ARLENE	P.O. BOX 154	MCINTOSH FL 32664
D	MEYER, CHRISTOPHER	P.O. BOX 154	MCINTOSH FL 32664
D	MCCARTHY, SARAH	1730 NW 39 TERR	GAINESVILLE FL 32605
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

8. Name and Address of Current Registered Agent

MEYER, ARLENE  
6631 NW 207 PLACE  
MCINTOSH FL 32664

9. Name and Address of New Registered Agent

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)(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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy Sims

Date

1.7.04

Daytime Phone #

352-629-0480

FILED

04 JAN 27 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



900027653799

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

4. Date Incorporated or Qualified To Do Business in Florida

09/13/2000

5. FEI Number

59-3645469

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

CR2040 (7/03)