

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 FEB 12 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 02000001461

1. Corporation Name

MEADOWBROOK ESTATES HOMEOWNERS
ASSOCIATION, INC

2. Principal Office Address - No P.O. Box #

5815 33rd Dr. E.

Suite, Apt. #, etc.

3. Mailing Office Address

5815 33rd Dr. E

Suite, Apt. #, etc.

City & State

PALMETTO, FL

Zip

34221

Country

MANATEE

City & State

PALMETTO, FL

Zip

34221

Country

MANATEE

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/2002

5. FEI Number

84-1662619

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DANIEL GILES, President

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

5815 33rd DR E.

Suite, Apt. #, etc.

City

PALMETTO

State

FL

Zip Code

34221

700244661497
02/12/13--01023--024 ***428.75

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

[Signature]

Date 2-7-13

REGISTERED AGENT MUST SIGN

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
S/T	Geraldine A HANEY	5806 33rd DR E	PALMETTO, FL 34221

REINSTATEMENT

FEB 12 2013

R. HUNT

10. E-mail Address: gerih8139@AOL.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Geraldine A. Haney Geraldine A. HANEY, T 2/7/2013 941-729-0164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #