

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 15 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO2000003255**

1. Corporation Name

MeadowLake Resident Association Inc

00041324888
04--01064--003 **122.50

2. Principal Office Address

3546 MeadowLake

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Orlando

City & State

City & State

Orlando

Zip

Country

Zip

Country

32808

Orange

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

N/A

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dorothy L. Jacobs

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

3500 Meadow Lake

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32808

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

REGISTERED AGENT MUST SIGN

Date **7-12-04**

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
President	Jacobs, Dorothy L	3500 Meadow Lake Ln	Orlando, Fl. 32808
Treasurer	Ellis, Carmen	3510 Meadow Lake Ln	Orlando, Fl. 32808
Secretary			

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:

Dorothy L. Jacobs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-04

Date

407-2964713

Daytime Phone #

CR2081 (01/04)



ORLANDO HOUSING AUTHORITY

June 9, 2004


Department of State
Division of Corporations
UBR Report Filing
P. O. Box 6327
Tallahassee, Florida 32314


To Whom It May Concern:

Re: N02000003255
Meadow Lake Resident
Association, Inc.

Enclosed is a check in the amount of One Hundred Twenty-two Dollars and fifty cents (\$122.50) for the re-instatement of the Meadow Lake Resident Association for years 2003 and 2004.

Ms. Dorothy Jacobs, President of Meadow Lake Resident Association informed our office that she has not received any correspondence on the Meadow Lake Incorporation status and as a result did not renew and we are therefore requesting that their status be re-instated for years 2003 and 2004.


Dorothy Jacobs, President
Meadow Lake Resident Association


Rose Marie Campbell
Assistant Family Services Director
Orlando Housing Authority