

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000010190

1. Corporation Name

Taylor Brooke Homeowners Association, Inc.

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

5609 26th Street West

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34207

Country

US

3. Mailing Office Address

5609 26th Street West

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34207

Country

US

7. Name and Address of Current Registered Agent

Name

MEB Real Estate Management, Inc.

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

5609 26th Street West

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34207

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 2/22/2010

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
P	Thomas Hulahan	6039 Cypress Garden Blvd. Suite 313	Winter Haven, FL 33884
D	Doug Ackerman	6039 Cypress Garden Blvd. Suite 313	Winter Haven, FL 33884
D	Cynthia Patterson	6039 Cypress Garden Blvd. Suite 313	Winter Haven, FL 33884

10. E-mail Address: mbutler@mebrealstate.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., 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.

SIGNATURE: Thomas Hulahan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-2010 941-756-1800

Date

Daytime Phone #

FILED

10 APR 22 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700172225587
04/22/10--01028--006 **175.00

700172225587
03/15/10--01065--007 **61.25

REINSTATEMENT 2010

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/2004

5. FEI Number

202796411

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.