

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

13 FEB 20 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N08000008943

1. Corporation Name

URBAN AND SHELLEY MEYER FAMILY FOUNDATION, INC.

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

8722 SOUTHWEST 31ST AVENUE

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

Zip

32608

Country

UNITED STATES

3. Mailing Office Address

145 CHESTERFIELD LANE

Suite, Apt. #, etc.

City & State

MAUMEE, OH

Zip

43537

Country

UNITED STATES

**REINSTATEMENT 13-13**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

09/22/2008

5. FEI Number

26-3732658

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  
SHELLEY J. MEYER

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

8722 SOUTHWEST 31ST AVENUE

Suite, Apt. #, Etc.

City

GAINESVILLE, FL

State

FL

Zip Code

32608

000244340860  
02/20/13--01016--017 \*\*\$1.25

000244340860  
02/04/13--01058--006 \*\*\$236.25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of  
Registered Agent

Date 01/29/13

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
D	URBAN MEYER	8722 SOUTHWEST 31ST AVENUE	GAINESVILLE, FL 32608
D	HIRAM DE FRIES	226 SW 2ND STREET	GAINESVILLE, FL 32601
D	SHELLEY MEYER	8722 SOUTHWEST 31ST AVENUE	GAINESVILLE, FL 32608

**REINSTATEMENT**

FEB 20 2013

R. HUNT

10. E-mail Address: HAMMACK@WVCO.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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/13

Daytime Phone #