

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 29 AUG -9 AM 8:07 DEPT OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N10328 1. Corporation Name					
THE MEADOWS IN NEW PORT RICHEY HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 6545 MEADOWBROOK LANE 7634 Massachusetts Ave. NEW PORT RICHEY, New Port Richey, FL 34653 FL 34653-3022					
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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		59-2571769	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$4.75 Additional Fee required for a Certificate of Status	
Country		Country		Applied For	
34653-3022		USA		Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
P/D	Neil Enerson	5022 Sherry Lane	New Port Richey, FL 34653		
VP/D	Mike Kaeler	5004 Sherry Lane	New Port Richey, FL 34653		
S/T/D	Francis Leonard Worwa	7634 Massachusetts Avenue	New Port Richey, FL 34653		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name		
			Francis Leonard Worwa		
			Street Address (P.O. Box Number is Not Acceptable)		
			7634 Massachusetts Avenue		
			Suite, Apt. #, Etc.		
			City		
			New Port Richey		
			State		
			FL		
			Zip Code		
			34653-3022		
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.					
Signature of Registered Agent			Date 8-4-99		
REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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 name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE:			Francis Leonard Worwa		
			8-4-99		
			727-847-5473		
			Date		
			Daytime Phone #		