

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 NOV 19 PM 2:16

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N10830**

1. Corporation Name

**MEADOW LAKE MAINTENANCE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5529 21ST ST. CT. E.  
 BRADENTON FL 34203

P O BOX 504  
 ONECO FL 34264



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT 03**

4. Date Corporation or Qualifier To Do Business in Florida **08/23/1985**

5. FEI Number **65-0079077** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
P	ORR, ERIC	5529 21ST ST. CT. E.	BRADENTON FL 34203
D	MARTIN, RUDY	5536 22 ST EAST	BRADENTON FL 34203
D	HROVAT, DONNA	5621 21ST STREET CT E	BRADENTON FL 34203
D	WILSON, JIMMT	5613 21ST STREET CT E	BRADENTON FL 34203
D	KROLIDES, IRENE	5617 21ST STREET CT E	BRADENTON FL 34203
D	EASON, CLAYTON	5604 22ND STREET CT E	BRADENTON FL 34203

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ORR, ERIC DVM  
 5529 21ST ST. CT. E.  
 BRADENTON FL 34203

Name  
 Street Address (P.O. Box Number is Not Acceptable) **500024863596**  
 Suite, Apt. #, Etc. **11/19/03--01065--018 \*\*236.25**  
 City State Zip Code  
**FL**

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. or 617.0505, F.S.

Signature of Registered Agent

*Eric Orr, DVM*  
 REGISTERED AGENT MUST SIGN

Date

**11/09/03**

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 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:

*Eric Orr, DVM*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11/09/03**  
 941-722-2456  
 Daytime Phone #

CR2E040 (7/03)