

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 JUL 22 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017

DOCUMENT # N12000010484

1. Corporation Name

Manors at Forest Glen HOA

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

C/O Meritus Corp.

Suite, Apt. #, etc.

Suite 120

City & State

Tampa, FL

Zip

33607

Country

3. Mailing Office Address

2005 Pan Am Circle

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business In Florida

5. FEI Number

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

Meritus Corp

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

2005 Pan Am Circle

Suite, Apt. #, etc.

Suite 120

City

Tampa

State

FL

Zip Code

33607

600284934626
4/22/16 01001004
\$236.25

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

Date 4/19/2016

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
P	Wilhelm Nunn	2005 Pan Am Circle, Suite 120	Tampa, FL 33607
T	Keith Gove	2005 Pan Am Circle, Suite 120	Tampa, FL 33607
S	Brian Bullock	2005 Pan Am Circle, Suite 120	Tampa, FL 33607

10. E-mail Address: maria.sedo@merituscorp.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

4/19/2016

813-397-5120 ext 320

Date

Daytime Phone #

K. ASHTON