

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAR -5 PM 1:22

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

200091537092
03/07/07--01015--019 **358.75

REINSTATEMENT 05-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25093

1. Corporation Name
Meadows at Martin Downs Homeowners Association, Inc.

2. Principal Office Address - No P.O. Box #
2550 SW Waterfall Blvd

3. Mailing Office Address
2550 SW Waterfall Blvd

Suite, Apt. #, etc.

City & State
Palm City, FL

Zip Country
34990 U.S.

4. Date Incorporated or Qualified To Do Business in Florida
02/29/1988

5. FEI Number
650031955

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status:

7. Name and Address of Current Registered Agent

Name
Deborah L. Ross, Esquire

Street Address (P.O. Box Number is Not Acceptable)
759 S. Federal Highway

Suite, Apt. #, Etc.
Suite 212

City State Zip Code
Stuart FL 34994

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.

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 3/1/07

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	Joan Cimarosa	2550 SW Waterfall Blvd	Palm City, FL 34990
VP	M. Paul Rice	2550 SW Waterfall Blvd	Palm City, FL 34990
S	Roberta Tremblay	2550 SW Waterfall Blvd	Palm City, FL 34990
T	Susan Curatola	2550 SW Waterfall Blvd	Palm City, FL 34990
D	Beverly Fuller	2550 SW Waterfall Blvd	Palm City, FL 34990
D	H.M. Booth	2550 SW Waterfall Blvd	Palm City, FL 34990

10. 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 807.0401 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 contained in Chapter 119, 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: M. Paul Rice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07 (772) 293-9606
Date Daytime Phone #

Director

Patricia Swain
2550 SW Waterfall Blvd
Palm City, FL 34990