

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25366**

1. Corporation Name

McCALL MEADOWS CONDOMINIUM ASSOCIATION, INC.

FILED
98 JUN 23 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**133 N. McCall Road
Englewood, FL 34223**

**P.O. Box 1311
Englewood, FL
34295**

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

89-98
ND

4. Date Incorporated or Qualified
To Do Business in Florida
June 30, 1987

5. FEI Number

☒ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	DAKIN, DALE L.	133 N. McCall Road	Englewood, FL 34223
D	HORNYAK, Richard	135 N. McCall Road	Englewood, FL 34223
D	FIELDS, Vernon	185 N. McCall Road	Englewood, FL 34223

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05/24/98 01077-016
******787.50 ****787.50**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CROSS, STEVEN R.
2051 Englewood Rd.
Englewood, FL 34223**

Name

DAKIN, DALE L.

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

133 N. McCall Road

Suite, Apt. #, Etc.

City

Englewood

State

FL

Zip Code

34223

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

Dale L. Dakin

REGISTERED AGENT MUST SIGN

Date

2/14/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☐

(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 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:

Dale L. Dakin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/98

Date

Daytime Phone #

CR2E040 (1/98)