

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JUL -2 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 40893

1. Corporation Name

Meadson Roadway Association, Inc

2. Principal Office Address

1022 Meadson Cir

3. Mailing Office Address

1022 Meadson Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

Country

32506

Zip

Country

32506

REINSTATEMENT 01-02

4. Date Incorporated or Qualified:
To Do Business in Florida

11-16-1990

5. FEI Number

59-3037697

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

Stephen Moorhead

100006269101 --8

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

4300 Bayou Blvd

07/09/02 01020 002

***297.50 ***297.50

Suite, Apt. #, Etc.

Suite 12

City

Pensacola

State

FL

Zip Code

32503

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 6-28-02

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	James M. Mead	1022 Meadson Cir	Pensacola FL 32506
D	Earl Kelly	1062 Meadson Cir	Pensacola FL 32506
D	Wilburn C. Drew	1056 Meadson Cir	Pensacola, FL 32506
D	Dewitt Griffin	1064 Meadson Cir	Pensacola, FL 32506
V	Michael Gibbs	1066 Meadson Cir	Pensacola FL 32506
D	Gene Williamson	1026 Meadson Cir	Pensacola FL 32506

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 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:

James M. Mead *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6-27-02

(850)

492-9327
Daytime Phone #

CR2E081 (9/01)