PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 DEC -4 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002714

1. Corporation Name
The Meadows at Boggy Creek Homeowners Association, Inc. W97-26495

Principal Place of Business	Mailing Address
2180 Park Ave N. #326 Winter Park, FL 32789	2180 Park Ave. N. #326 Winter Park, FL 32789

REINSTATEMENT 96-97

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

4. Date Incorporated or Qualified To Do Business in Florida 6-1-94

5. FEI Number 59-3274189 — Applied For ☐ Not Applicable ☐

CERTIFICATE OF STATUS DESIRED ☐ $5.00 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
P/D	George Traulib	9743 Red Clover Ave.	Orlando, FL 32824
T/D	Matt McGrath	9726 Red Clover Ave.	Orlando, FL 32824
S/D	Donna Smith	9712 Violet Dr.	Orlando, FL 32824
VP/D	Lisa Samala	9748 Violet Dr.	Orlando, FL 32824
D	Mike Williford	9847 Red Clover Ave.	Orlando, FL 32824

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Brett M. Jordan
Street Address (P.O. Box Number is Not Acceptable): 2180 Park Avenue North
Suite, Apt. #, Etc.: #326
City: Winter Park | State: FL | Zip Code: 32789

CR2E040 (12/96)

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 _____ Date 11/3/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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.

407 857-1039

SIGNATURE: _____ GEORGE H. TRAULIB 11-17-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #