

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 FEB 27 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001520

1. Corporation Name

FOX MEADOW ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5870 WEST FOX LANE
CRYSTAL RIVER FL 34429

5870 WEST FOX LANE
CRYSTAL RIVER FL 34429



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

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0579576

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
OVST	FOX, DOROTHY A	5870 W FOX LANE	CRYSTAL RIVER FL 34429
T	Frances Johnson	6115 W. Craft Ln.	Homassa Fl. 321-1281
T	James Willis	800 N Fox Meadow Dr.	Crystal River Fl. 34429

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*****297.50 *****297.50

REINSTATEMENT

9/6/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLACKSTONE, J. MICHAEL
7655 WEST GULF TO LAKE HIGHWAY
CRYSTAL RIVER FL 34429

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Michael Blackstone

REGISTERED AGENT MUST SIGN

Date 10/2/96

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.

SIGNATURE:

Dorothy A. Fox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/96

Date

352/795-4304

Daytime Phone #