

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 23 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N9500004805**

1. Corporation Name

N9500004805

LAKE MEADOWBROOK LAKE OWNERS' ASSOCIATION, INC.

2. Principal Office Address

3020 HARTLEY ROAD

3. Mailing Office Address

3020 HARTLEY ROAD

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

SUITE 300

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32257

Country

US

Zip

32257

Country

US

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

10/11/1995

5. FEI Number

20-3036314

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

MARK T. FARRELL

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

3020 HARTLEY ROAD

Suite, Apt. #, Etc.

SUITE 300

City

JACKSONVILLE

State

FL

Zip Code

32257

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

[Signature]

Date **JUNE 21, 2005**

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
PD	MARK T. FARRELL	3020 HARTLEY ROAD, SUITE 300	JACKSONVILLE, FL 32257
VPD	A.C. SKINNER III	3020 HARTLEY ROAD, SUITE 300	JACKSONVILLE, FL 32257
STD	WILL MORGAN	3020 HARTLEY ROAD, SUITE 300	JACKSONVILLE, FL 32257

600056613886

06/28/05--01040--010 **8.75

600056613886

06/28/05--01040--011 **481.25

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/22/05

Daytime Phone #

904-260-3050

CR2E081 (01/05)