

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 22 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32399-0001
07/22/03--01054--002 **481.25

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07/22/03--01054--001 **105.00

DOCUMENT # N97000001504

1. Corporation Name

Country Class Meadows Home Owners Association, Inc.

2. Principal Office Address

1395 Country Oaks Lane

Suite, Apt. #, etc.

3. Mailing Office Address

1395 Country Oaks Lane

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33810

Country

U.S.A.

Zip

33810

Country

U.S.A.

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

03/18/97

5. FEI Number

None

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

Carolyn A. Stewart

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

1395 Country Oaks Lane

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33810

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

Carolyn A. Stewart
REGISTERED AGENT MUST SIGN

Date July 17, 2003

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/D	Don H. Stewart	1395 Country Oaks Lane	Lakeland, FL 33810
VP/D	Mauricio Rodriguez	1140 Country Oaks Lane	Lakeland, FL 33810
T/D	Debbie Chambless	1255 Country Oaks Lane	Lakeland, FL 33810
S	April Mettling	1205 Country Oaks Lane	Lakeland, FL 33810

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:

Don H. Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/17/03

Date

863-688-0147

Daytime Phone #

CF2E081 (10/02)