

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 AUG 10 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N97000005831

**1. Corporation Name**

The Bluffs of Dundee Homeowners  
Association, Inc.

**2. Principal Office Address**

310 Hwy 542

Suite, Apt. #, etc.

City & State

Dundee, FL 33838

Zip

Country

33838

USA

**3. Mailing Office Address**

404 RIDGEWOOD AVE

Suite, Apt. #, etc.

City & State

Dundee, FL 33838

Zip

Country

33838

USA

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

**5. FEI Number**

59-3527123

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

Waymon E. Meadows

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

310 Hwy 542

Suite, Apt. #, Etc.

City

Dundee

State

FL

Zip Code

33838

**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

REGISTERED AGENT MUST SIGN

Date

7/27/04

**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	WAYMON E. MEADOWS	404 RIDGEWOOD AVE	DUNDEE, FL 33838
VPD	JULIA B. MEADOWS	404 RIDGEWOOD AVE	DUNDEE, FL 33838
SD	KEVIN MEADOWS	10176 HART BRANCH CIRCLE	ORLANDO, FL 32832

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/04

Date

(843) 434-5542

Daytime Phone #

CR2E061 (01/04)