

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP -6 PM 3: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002483

1. Corporation Name

MEROMAR SQUARE PROPERTY OWNERS ASSOCIATION,
INC.

2. Principal Office Address

24870 BURNT PINE DRIVE
Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

Zip

34134

Country

USA

3. Mailing Office Address

SAME
Suite, Apt. #, etc.

City & State

Zip

Country

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

4/28/1998

5. FEI Number

☒ 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

PETE DORAGH

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

4415 METRO PARKWAY

Suite, Apt. #, Etc.

SUITE 325

City

FORT MYERS

State

FL

Zip Code

33916

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

Lita Doyle

REGISTERED AGENT MUST SIGN

Date 9/5/02

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
D/S/T	ROBERT B ROOP	24870 BURNT PINE DRIVE	BONITA SPRINGS, FL, 34134
D/P	MARGARET J MELLER	24870 BURNT PINE DRIVE	BONITA SPRINGS, FL, 34134
D/VP	JERRY H SCHMOYER	24870 BURNT PINE DRIVE	BONITA SPRINGS, FL, 34134
AS	PETE DORAGH	4415 METRO PARKWAY, SUITE 325	FORT MYERS, FL, 33916

SP 10/10/02

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:

Lita Doyle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/02

Date

(239) 489-1776

Daytime Phone #