

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000061951

1. Corporation Name

MEIER HOMES, INCORPORATED

Principal Place of Business

1765 SANTA ANNA DR
DUNEDIN FL 34698

Mailing Address

1765 SANTA ANNA DR
DUNEDIN FL 34698

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/2001

5. FEI Number

59-3729731

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES.	Beat J. Meier	1765 Santa Anna Dr.	Dunedin, FL 34698
T&S	" "	" " " "	" " "

300009787983
01/02/03--01063--028 **750.00

8. Name and Address of Current Registered Agent

M.
BEIER, BEAT
1765 SANTA ANNA DR
DUNEDIN FL 34698

9. Name and Address of New Registered Agent

Name

Meier, Beat J.

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

1765 Santa Anna Dr

Suite, Apt. #, Etc.

City

Dunedin

State

FL

Zip Code

34698

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. or 617.0505, F.S.

Signature of
Registered Agent

Beat J. Meier
REGISTERED AGENT MUST SIGN

Date

12-20-02

11. 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:

Beat J. Meier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-20-02 (727)656-4520

CR2E040 (8/02)