

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 FEB 11 AM 9:49

~~SECRETARY OF STATE~~  
TALLAHASSEE, FLORIDA

600117726906  
02/11/08--01048--019 \*\*450.00

DOCUMENT # PO 4000-1190-66

1. Corporation Name

MEADOWS of Florida Land Sales Inc

2. Principal Office Address - No P.O. Box #

9600 W. SAMPLE RD  
CORAL SPRINGS, FL 33065

Suite, Apt. #, etc.

401

3. Mailing Office Address

9600 W. SAMPLE RD # 401  
CORAL SPRING, FL 33065

Suite, Apt. #, etc.

401

City & State

CORAL SPRINGS, FL.

Zip

33065

Country

Broward

City & State

CORAL SPRINGS, FL.

Zip

33065

Country

Broward

**REINSTATEMENT**

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

8/16/04

5. FEI Number

201499212

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

NEVILLE SHARPE

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

9600 W. SAMPLE RD

Suite, Apt. #, Etc.

# 401

City

CORAL SPRINGS

State

FL

Zip Code

33065

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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]

REGISTERED AGENT MUST SIGN

Date 02/06/08

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
<u>PRE</u>	<u>NEVILLE SHARPE</u>	<u>9600 W SAMPLE RD</u> <u># 401 CORAL SPRING, FL 33065</u>	<u>CORAL SPRINGS FL 33065</u>
<u>T.P</u>	<u>MARIE SHARPE</u>	<u>9600 SAMPLE RD # 401</u>	<u>CORAL SPRINGS, FL 33065</u>
<u>D.</u>	<u>SHARADA SHARPE</u>	<u>9600 SAMPLE RD # 401</u>	<u>CORAL SPRING, FL 33065</u>

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 contained in Chapter 119, 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

02/06/08

Date

Daytime Phone #