

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 16 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000067819**

1. Corporation Name

MERIDETH MCELROY, M.S.W., CHARTERED, INC.

Principal Place of Business

Mailing Address

850 CENTRAL AVENUE
SUITE 101
NAPLES FL 34102
US

241 25TH ST SW
NAPLES FL 34117
US



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0438954

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED I

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MCELROY, MERIDETH	241 25TH ST SW	NAPLES FL 34117

100003092161
-01/07/00-01089-014
****400.00 ****400.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

L J DOLAN & ASSOCIATES CPA
417 E VIRGINIA ST
1805-E C R 951
NAPLES FL 33999

Name
MERIDETH MCELROY
Street Address (P.O. Box Number is Not Acceptable)
241 25TH ST. SW
Suite, Apt. #, Etc.
City
NAPLES
State
FL
Zip Code
34117

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.

Signature of
Registered Agent

Merideth McElroy MSW
REGISTERED AGENT MUST SIGN

Date

10/18/99

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Merideth McElroy MSW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/99
Date

(941) 649 6242
Daytime Phone #