

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 17 PM 2:12

DOCUMENT # **P96000083548**

1. Corporation Name

MEADOW POINTE ACADEMY INC.

Principal Place of Business

28119 COUNTY LINE RD
WESLEY CHAPEL FL 33543
US

Mailing Address

28119 COUNTY LINE RD
WESLEY CHAPEL FL 33543
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT

01

4. Date Incorporated or Qualified To Do Business in Florida

10/07/1996

5. FEI Number

59-3407112

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ERIC B LAWTON	1323 DEERBOURNE DRIVE	WESLEY CHAPEL FL 33543
VPD	SAM OGDEN	1438 CLEARGLADES DR	WESLEY CHAPEL FL
S	TREASA OGDON	1438 CLEARGLADES DR	WESLEY CHAPEL FL
T	PLAWTON, KIMBERLY	1323 DEERBOURNE DR	WESLEY CHAPEL FL 33543
			900004658379--6 -10/30/01-01008-014 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

LAWTON, KIM
28119 COUNTY LINE RD
WESLEY CHAPEL FL 33543

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Kim P. Lawton
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-15-01

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:

Kim P. Lawton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kimberly P. LAWTON 10-15-01 813-991-4217

CR2E040 (8/01)