

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000070109

1. Corporation Name

MEYVEN, INC.

Principal Place of Business

58 N COLLIER BLVD
SUITE 1806
MARCO ISLAND FL 34145

Mailing Address

~~58 N COLLIER BLVD~~
~~SUITE 1806~~
~~MARCO ISLAND FL 34145~~

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

P.O. Box 549

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Marco Island, FL

Zip

Country

Zip

34146

Country

Collier

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/1997

5. FEI Number

☒ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MEYER, REINHOLD H	58 N COLLIER BLVD SUITE 1806	MARCO ISLAND FL 34145

000002697990--6
-11/30/98--01125--007
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRICE, R. SCOTT
2640 GOLDEN GATE PKWY
SUITE 315
NAPLES FL 34105

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

R. Scott Price
PRICE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/19/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Reinhold Meyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/98

(941) 389-4050
Date Daytime Phone #

CR2000 (8/98)