

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 14 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000077823**

1. Corporation Name

**MERRYWOOD, INC.**

Principal Place of Business

Mailing Address

4610 WEST LAKE MARY BLVD.  
LAKE MARY FL 34746

4610 WEST LAKE MARY BLVD.  
LAKE MARY FL 34746

**REINSTATEMENT 2003**



600029791256

10/14/03--01056--029 \*\*236.25

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

251 Altamonte Commerce  
Suite, Apt. #, etc.

251 Altamonte Commerce  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/27/1999

Bldg., Ste. 1420

Bldg., Ste. 1420

5. FEI Number

59-3593694

Applied For

Not Applicable

City & State

City & State

Altamonte Springs, FL

Altamonte Springs, FL

Zip

Country

Zip

Country

32714

Seminole

32714

Seminole

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P/D	SMALL, KEVIN	9743 TATTERSALL AVENUE	ORLANDO FL 32817
V/S	SMALL, YVONNE	9743 TATTERSALL AVENUE	ORLANDO FL 32817
V/S/D	Hitchman, Edward	75 Thornberry Road	Winchester, MA 01890
V/H/D	Bohlin, Garen	34 Arlington St.	Winchester, MA 01890

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMALL, KEVIN  
9743 TATTERSALL AVENUE  
ORLANDO FL 32817

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

Date

10-10-03

REGISTERED AGENT MUST SIGN

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-10-03 407-341-3787

CR2040 (7/03)