

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Division of Corporations

FILED

02 FEB 20 AM 8:54

TALLAHASSEE, FLORIDA

DOCUMENT # P99000091359

1. Corporation Name

MEERON ENTERPRISES, INC.

2. Principal Office Address

11622 LAYTON ST.

3. Mailing Office Address

P.O. Box 1367

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVARES, FL.

City & State

TAVARES, FL.

Zip

32778

Country

U.S.

Zip

32778

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-7-99

5. FEI Number

59-3606873

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

John Meeron

700005081607-6

-03/11/02-01076-086

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

11622 LAYTON ST.

****450.00 ****450.00

Suite, Apt. #, Etc.

City

TAVARES

State

FL

Zip Code

32778

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

REGISTERED AGENT MUST SIGN

Date 1-31-02

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
P/D	John Meeron	11622 LAYTON ST.	TAVARES, FL. 32778
D	Linda Meeron	11622 LAYTON ST.	TAVARES, FL. 32778

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 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:

John MEERON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-02

Date

352-821-0285

Daytime Phone #

CR2E081 (9/00)