

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 13 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 099000091359

1. Corporation Name

MEERER ENTERPRISES, INC.

2. Principal Office Address

MEERER ENT., INC.

Suite, Apt. #, etc.

15538 S.E. 200TH AVE.

City & State

UMATILLA, FL

Zip

32784

Country

U.S.A.

3. Mailing Office Address

MEERER ENT. INC.

Suite, Apt. #, etc.

15538 S.E. 200TH AVE.

City & State

UMATILLA, FL

Zip

32784

Country

U.S.A.

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

BRIAN J. WELKE

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

531 North Bay Street

Suite, Apt. #, Etc.

City

EUSTES

State

FL

Zip Code

32726

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

B. J. Welke

REGISTERED AGENT MUST SIGN

Date

1/26/04

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
PRES.	JOHN MEERER	15538 S.E. 200TH AVE.	UMATILLA, FL. 32784

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-04

Date

352-821-1947

Daytime Phone #

CR2E081 (10/02)

DEAR SIR

I AM REQUESTING THAT YOU PLEASE WAVE THE \$600⁰⁰ REINSTATEMENT FEE FOR MY CORPORATION.

WHEN I SEEN THAT MY CHECK HAD CLEARED THE BANK I THOUGHT EVERYTHING WAS O.K. BUT IN TALKING TO ONE OF YOUR AGENTS SHE INFORMED ME THAT THE DOCUMENT WAS RETURNED TO ME FOR CORRECTIONS. I DID NOT RECEIVE IT + SHE SENT ME A NEW ONE TO FILL OUT, WHICH I HAVE DONE, + I AM ENCLOSING A CHECK FOR \$158.75 FOR THIS YEARS FEE + A CERTIFICATE OF STATUS REPORT

Thank you

John Meek
John Meek