

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 26 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000093315

1. Corporation Name

MEADOWBROOK ACADEMY OF FT. LAUDERDALE, INC.

Principal Place of Business

232 NW 44TH AVENUE  
PLANTATION FL 33317

Mailing Address

232 NW 44TH AVENUE  
PLANTATION FL 33317



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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/22/1999

5. FEI Number

65-0959797

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HILMAN, DENISE ANDREWS	232 NW 44TH AVENUE	PLANTATION FL 33317

600009021426  
11/15/02--01044--023 \*\*175.00

8. Name and Address of Current Registered Agent

LUBELL, STEVEN L  
1314-A N.W. 40TH AVE.  
LAUDERHILL FL 33313

9. Name and Address of New Registered Agent

Name L. Lubell, Esq.

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

18250 NW 2nd Ave 2nd Floor

Suite, Apt. #, Etc.

2nd Floor

City

Miami

State

FL

Zip Code

33169

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

REGISTERED AGENT MUST SIGN

Date

11/6/02

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 #

11/6/02

2012

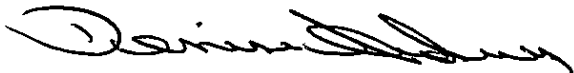
~~Meadowbrook Academy~~  
4440 SW 21st  
Fort Lauderdale, Fl 33317  
(954) 583-3990 Fax (954) 583-1896

To Whom It May Concern

This letter is to inform that I have not received a copy of the annual report due to address change. Please be advised that accompanying this letter is a completed copy of the annual report which I obtained.

if there are any questions or concerns regarding this matter please contact me at the above address or telephone number.

Thank you,



Denise Andrews  
Director/Owner