

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 NOV 16 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 558272

1. Corporation Name

Meadows Real Estate Corporation

2816 Manatee Ave W.

2. Principal Office Address

Post Office Box 274

3. Mailing Office Address

Post Office Box 274

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Parrish, FL Bradenton, FL

City & State

Parrish, FL

Zip

34219

Country

USA

Zip

34219

Country

USA

000081253300

10/26/06--01036--000 **1500.00

CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

06101991

5. FFL Number

650264908

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

DAMIAN M. OZARK

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

OZARK, PERRON & NELSON A.

Suite, Apt. #, Etc.

2816 MANATEE AVE W

City

BRADENTON

State

FL

Zip Code

34205

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

[Signature]

Date 10-19-2006

REGISTERED AGENT MUST SIGN

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
D/P	John E. Avery	2816 MANATEE AVE W	BRADENTON, FL 34205
		B. 11/17/06	
		04-06	

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 filling 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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-19-2006 (941) 750-9760

Daytime Phone #