

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 DEC -6 PM 12: 57

DOCUMENT # **J47805**

1. Corporation Name

**MERIDIAN COMMUNICATION MARKETING SERVICES, INC.**

Principal Place of Business

Mailing Address

112 RAYMOND OAKS CT  
 ALTAMONTE SPRINGS FL 32701

112 RAYMOND OAKS CT  
 ALTAMONTE SPRINGS FL 32701



**REINSTATEMENT 00**

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

4. Date Incorporated or Qualified To Do Business in Florida

12/18/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2748539

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	<del>GRZESZCZAK, THOMAS B</del> Mueller, JOAN C.	112 RAYMOND OAKS CT	ALTAMONTE SPRINGS FL 32701
V	<del>MUELLER, JOAN C</del> Mueller, ROBERT T.	112 RAYMOND OAKS CT	ALTAMONTE SPRINGS FL 32701

500003500745--4  
 -12/13/00-01123-006  
 \*\*\*\*750.00 \*\*\*\*750.00

*JC 12/11*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MUELLER, JOAN C  
 228 EAST RIDGEWOOD  
 ALTAMONTE SPRINGS FL 32701

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.

Signature of Registered Agent

*[Signature]* **SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date **11-1-00**

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]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11-1-00** Daytime Phone # \_\_\_\_\_

CR2E040 (8/00)