

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

97 NOV 10 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K40141**

1. Corporation Name  
**MERIDIAN FINANCIAL GROUP, INC.**

Principal Place of Business Mailing Address

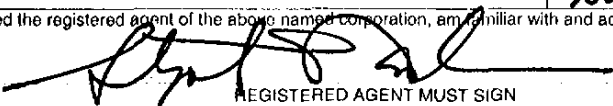
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>8549 SUMNER LAKE</b> Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable <b>SAME AS #2</b> Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida <b>OCT 20, 1988</b>
City & State <b>BOCA RATON FLORIDA</b>	City & State	5. FEI Number <b>65-0078560</b>
Zip <b>33496</b>	Country <b>PAH BEACH</b>	Country
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>PRES SECR TREAS</b>	<b>STEPHEN S RASKIN</b>	<b>8549 SUMNER LAKE</b>	<b>BOCA RATON, FL 33496</b>
			<b>900002345719--6</b> -11/13/97--01009--009 ****338.75 ****338.75
			<b>900002345719--6</b> -11/13/97--01009--010 *****26.25 *****26.25
			<b>12/11/12</b>

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name <b>STEPHEN S RASKIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>8549 SUMNER LAKE</b> Suite, Apt. #, Etc.
	City <b>BOCA RATON</b>
	State <b>FL</b>
	Zip Code <b>33496</b>


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  REGISTERED AGENT MUST SIGN

Date **10/27/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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

**STEPHEN S. RASKIN**

Date **10-27-97** Daytime Phone # **561-488-8152**

CR2504c (12/96)

MERIDIAN FINANCIAL GROUP, INC.  
8549 SURREY LANE  
BOCA RATON, FL. 33496

10/27/97

Florida Dept. of State  
Div. of Corporations  
P.O. box 6327  
Tallahassee, Florida  
32314

re: reinstatement of corporation

Dear Sir or Madam:

Please find enclosed my application for reinstatement of my corporation. I have attached a check for \$338.75. I am hoping you will waive the reinstatement fee due to extenuating circumstances. My secretary, Joan Tucker, died the year my reports stopped being sent. My files were in great disarray and only this year when I unpacked my files did I realize that the reports had not been filed. During this time I also moved to a new office and to a new home. So, as you can imagine I was very disorganized. I would appreciate a waiver. If you have any questions please call me at 561-483-8152.

Sincerely,

*Stephen S. Raskin*

Stephen S. Raskin

11/10/97

I personally went and record the 96 & 97 NOTICE TO  
FILE ANNUAL REPORT. Enclosed is balance of fee  
to cover both years. Thank you for your  
CONSIDERATION

*[Signature]*