


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000002089	
1. Entity Name MERIDIAN TRAVEL INC.	

FILED

06 OCT 17 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10122006 REIN-P CR2E098 (11/05) 06

Principal Place of Business 5700 COMMONS PARK TOWPATH COMMONS ROAD EAST SYRACUSE, NY 13057		Mailing Address 5700 COMMONS PARK TOWPATH COMMONS ROAD EAST SYRACUSE, NY 13057	
2. Principal Place of Business 1815 GRIFFIN ROAD		3. Mailing Address 1815 GRIFFIN ROAD	
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc. SUITE 101	
City & State DANIA BEACH, FL.		City & State DANIA BEACH, FL.	
Zip 33004	Country BROWARD	Zip 33004	Country BROWARD

4. FEI Number 16-1443653	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MELTZER, SANFORD MR 1815 GRIFFIN ROAD, SUITE 101 DANIA BEACH, FL 33004		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sanford Meltzer Pres. DATE 10/12/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCST MELTZER, SANFORD 5700 COMMONS PARK, TOWPATH COMMONS ROAD EAST SYRACUSE, NY 13057 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCST MELTZER, SANFORD 1815 GRIFFIN ROAD, SUITE 101 DANIA BEACH, FL 33004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SAMUEL, HIRAM M 5700 COMMONS PARK, TOWPATH COMMONS ROAD EAST SYRACUSE, NY 13057 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SAMUEL, HIRAM M 643 SUMMER ST. BOSTON, MA 02210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600080933656 10/18/06--01007--016 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>10/23</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sanford Meltzer Pres. DATE 10/12/06 DAYTIME PHONE # 954-922-5433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR