

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG -2 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/08/02--01002--023
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DOCUMENT# **G 70045**

1. Corporation Name

FLORIDA MEETING PLANNERS INC

2. Principal Office Address

1015 INVERNESS AVE

Suite, Apt., etc.

City & State

MELBOURNE, FL

Zip
32940

Country
**USA
BREVARD**

3. Mailing Office Address

1015 INVERNESS AV.

Suite, Apt., etc.

City & State

MELBOURNE, FL

Zip
32940

Country
**USA
BREVARD**

4. Date Incorporated or Qualified
To Do Business in Florida

11 / 15 / 1983

5. FEI Number

59 - 235 3093

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

LYNNE M. SONANORES

Street Address P.O. Box Number is Not Acceptable

1015 INVERNESS AVE.

Suite, Apt., Etc.

City

MELBOURNE

State

FL

Zip Code

32940

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section

55 or 5, F.S.

Signature of
Registered Agent

Lynne M. Sonanores

REGISTERED AGENT MUST SIGN

Date

7/31/2002

9. Names and Street Addresses of Each Officer and/or Director Florida non-profit corporations must list at least directors

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
PRES.	LYNNE M SONANORES	1015 INVERNESS AVE	MELBOURNE, FL 32940
SEC.	DONALD C. SONANORES	1015 INVERNESS AVE	MELBOURNE, FL 32940
TREAS.	ERIC A. LUNNEN	3314 CABLES DR.	ATLANTA, GA 30219

10. I certify that I am an officer or director or trustee or empowered to execute this application as provided for in chapter, F.S. I further certify that in filing this reinstatement application, the reason for dissolution has been eliminated, the corporation's name satisfies the requirements of section 607.01, 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 607.01, 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:

Lynne M. Sonanores

LYNNE M. SONANORES

7/31/02 (321) 259-5550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone#

9/8/02