

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 99 OCT 19 AM 9:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **H66239**
 1. Corporation Name
COMPLETE MEETING CONCEPTS, INC.

Principal Place of Business	Mailing Address
20 NORTH ORANGE AVE SUITE 1400 ORLANDO FL 32801 US	20 NORTH AVENUE SUITE 1400 ORLANDO FL 32801 US

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

REINSTATEMENT *9910*

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 07/15/1985
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-2551811
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
V	GOREN, VIRGINIA G.	530 EAST CENTRAL	ORLANDO FL
PD	ROTH, JOHN J., JR.	13675 SUNSET LAKES CIRCLE	WINTER GARDENS FL

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 -11/01/99--01120--007
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ROTH, JOHN J., JR. 20 N. ORANGE AVE. 1400 ORLANDO FL 32801	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: *John J. Roth Jr.* - AGENT REGISTERED AGENT MUST SIGN Date: **10/14/99**

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: *John J. Roth Jr.* Date: **10/14/99** Daytime Phone #: **407-425-8184x11**

KE

CR22040 (8/99)