PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 91-98

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
98 JUN -8 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # K12098

301 MERIDIAN, INC.
37837 Meridian Avenue, Suite 314
Dade City, Florida 33525

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Applied For	6. $8.75 Additional Fee required for a Certificate of Status
January 15, 1988	59-2876114	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

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
PD	Raymond Earl Sturwold	37837 Meridian Ave., St. 311	Dade City, FL 33525
VD	Larry S. Hersch	12249 U. S. Hwy. 301	Dade City, FL 33525
VD	Thomas E. Smith	13924 Seventh Street	Dade City, FL 33525
VD	Jerome G. Schrader	37837 Meridian Ave., St. 314	Dade City, FL 33525
STD	Kevin T. Roberts	13924 Seventh Street	Dade City, FL 33525

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Jerome G. Schrader
37837 Meridian Avenue, Suite 314
Dade City, Florida 33525

9. Name of Person or Firm Filing REINSTATEMENT 91-98 6/8/98

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number) 600002556766--4
-06/11/98--01063--016

City ***1711.25 ***1711.25
FL.

CR2E040 (8/92)

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 August 27, 1997

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Date 8/27/97

Daytime Phone # 352/567-2500

Typed or printed name of signing officer or director Jerome G. Schrader, VPD