

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED
AND
FILED

97 NOV 10 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 8549 SUMNER LAKE Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable SAME AS #2 Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida OCT 20, 1988	
City & State BOCA RATON FLORIDA		City & State		5. FEI Number 65-0078560	
Zip 33496		Country PALM BEACH		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$0.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES SECR TREAS	STEPHEN S RASKIN	8549 SUMNER LAKE	BOCA RATON, FL 33496
			900002345719--6 -11/13/97--01009--009 *****338.75 *****338.75
			900002345719--6 -11/13/97--01009--010 *****26.25 *****26.25
			11/11/12

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name STEPHEN S RASKIN	
Street Address (P.O. Box Number is Not Acceptable) 8549 SUMNER LAKE	
Suite, Apt. #, Etc.	
City BOCA RATON	State Zip Code FL 33496

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

10-27-97
Date

561-488-8152
Daytime Phone #

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 ahead and paid the 96 & 97 notice to
file annual report. Enclosed is balance of fee
to cover both years. Thank you for your
consideration

[Signature]