PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra BeMorthan FOR FILED REINSTATEMENT DOCUMENT # L91226 98 MAY 12 AM 8: 44 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA MERIDIAN REALTY & INVESTMENT, I'M Principal Place of Business Mailing Address 7204 SHELDON RD TAMPA, FL 33615 If above addresses are incorrect in any way, tine through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 1990 Suite, Apt. #, etc. Suite, Apt. #. etc. 5. FEI Number Applied For City & State City & State <u>59-302 3892</u> Not Applicable \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip FRANK Y. PEREZ, JR. 9521 W. FLORA ST' TAMPA, FL. 33615 9501 W. FLORAST FRANK V. POREZ L TAMPA, FC. 33615 100002522131--\*\*\*\*315.00 \*\*\*\*315.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name FRANK V. PEROZ, JR 9521 W. FLORA ST Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33615 Suite, Apt. #, Etc. City 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 REGISTERED AGENT MUST SIGN This corporation owes or has paid the current year (See other side for information No 🗀 Intangible Personal Property tax due June 30. Yes 🔀 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. AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/20/98 83-889-9002 SIGNATURE: