

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M84476

FILED  
Dec 15, 2006  
Secretary of State

Entity Name: MERIDIEN DEVELOPMENT CORPORATION

## Current Principal Place of Business:

305 N.E. 1ST ST.  
GAINESVILLE, FL 32601 US

## New Principal Place of Business:

## Current Mailing Address:

305 N.E. 1ST ST.  
GAINESVILLE, FL 32601 US

## New Mailing Address:

P.O. BOX 608  
GLENMOORE, PA 19343 US

FEI Number: 59-2915874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HANKIN, SAMUEL  
305 N.E. FIRST STREET  
GAINESVILLE, FL 32601 US

## Name and Address of New Registered Agent:

HANKIN, SAMUEL  
305 N.E. 1ST ST.  
GAINESVILLE, FL 32601 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SAMUEL HANKIN

12/15/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: HANKIN, SAMUEL,  
Address: 305 N.E. 1ST STREET  
City-St-Zip: GAINESVILLE, FL

Title: S ( ) Delete  
Name: EDINGER, GARY S.  
Address: 305 N.E. 1ST STREET  
City-St-Zip: GAINSEVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: HANKIN, SAMUEL,  
Address: P.O. BOX 608  
City-St-Zip: GLENMOORE, PA 19343

Title: S (X) Change ( ) Addition  
Name: EDINGER, GARY S.  
Address: 305 N.E. 1ST STREET  
City-St-Zip: GAINESVILLE, FL 32601

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL HANKIN

DP

12/15/2006

Electronic Signature of Signing Officer or Director

Date