

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC 17 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N22415

1. Corporation Name

THE MERIDIAN CLUB, INC.

Principal Place of Business

2906-A BAY TO BAY  
TAMPA FL 33629  
US

Mailing Address

2906 A BAY TO BAY  
TAMPA FL 33629  
US

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/09/1987

5. FEI Number

59-2882707

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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 (Do NOT Use Post Office Box Numbers)	4
DP	STICHTER, SCOTT	110 MADISON ST #200	TAMPA FL
D	RUBIO, MARK	101 E. KENNEDY BLVD	TAMPA FL
D	HARVILL, ALAN	3206 SAN JOSE STREET	TAMPA FL
D	LEWIS, BOB	P O BOX 4689	CLEARWATER FL
D	ATLAS, R TROY	880 CARILLON PKWY	ST PETERSBURG FL
D	WALTERS, KEN	1304 S DESOTO AVE #310	TAMPA FL

8. Name and Address of Current Registered Agent

ATLAS, R. TROY  
HERITAGE  
880 CARILLON PKWY  
ST PETERSBURG FL 33716

9. Name and Address of New Registered Agent

Name

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

*James C. McArthur*

REGISTERED AGENT MUST SIGN

Date 12/1/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

*James C. McArthur*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James C. McArthur, Treasurer

Date

12/1/98

Daytime Phone #

813  
261-5110