

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

Mailing Address

2906-A BAY TO BAY
 TAMPA FL 33629
 US

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

9. Name and Address of New Registered Agent

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

Name

REINSTATEMENT

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

Troy Atlas
SIGNATURE REQUIRED
 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James C. McArthur, Treasurer

Date

12/1/98

Daytime Phone #

813
 261-5110

CR2E040 (9/98)