

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 15 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000018707

1. Corporation Name

MERIDIAN ADVISORY GROUP, INC.
1790 NORTH WEST 94 Avenue
DORAL, FL 33172

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-05 WAP

**4. Date Incorporated or Qualified
To Do Business in Florida** 2/18/2000

5. FEI Number

65-0983556

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL F. EVANS

Street Address (P.O. Box Number is Not Acceptable)

1790 NORTH WEST 94 Avenue

Suite, Apt. #, Etc.

City

DORAL, FL 33172

State

FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

11AUG05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.	Michael F. EVANS	1790 N.W. 94 Avenue DORAL, FL 33172	DORAL, FL 33172
V.P.	Robert B. Sullivan	1790 N.W. 94 Avenue	DORAL, FL 33172
S.T.	Suzanne D. Sullivan	1790 N.W. 94 Avenue	DORAL, FL 33172

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08/15/05--01073--009 **750.00

10. 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:

MICHAEL F. EVANS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11AUG05

Date

984-474-9000

Daytime Phone #

CR2E081 (01/05)

Santini & Associates P.A.
CERTIFIED PUBLIC ACCOUNTANTS

2052

August 12, 2005

Re: Meridian Advisory Group, Inc.
EIN# 65-0983556
Corporation Reinstatement Form

To Whom It May Concern:

The report for 2001 was returned by the post office. We are requesting that you waive the reinstatement fees.

If you have any questions, please contact us.

Thank you,

Terry Santini CPA

Terry Santini
Certified Public Accountant