

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**REINSTATEMENT 01-05**  
WAP

**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

300058600583  
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 984-474-9000

Date 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