1002

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0000040723  1. Entity Name MEETING PRACTICES, INC.			FILED 04 DEC -6 PM 1: 35	
Principal Place of Business  8083 BOCA RIO DR.  8083 BOCA RIO DR.  BOCA RATON, FL 33433  BOCA RATON, FL 33433		33	SECRETALLA	ETARY OF STATE HASSEE, FLORIDA
2. Principal Place of Business 9283 VISTA DEL LAGO 9283 VISTA DE		DELLAGO		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	THE PARTY OF THE P	11162004 REIN-P	CR2E098 (6/04)
BOCA RATON FL	BOCA RATON FL		4. FEI Number 65-1020356	. Applied For Not Applicable
Zip 33 428 Country USA  6. Name and Address of Current	33428	Country USA	Certificate of Status Desired     Name and Address of New Re	\$8.75 Additional Fee Required
GINNS, STEVEN 370 W. CAMINO GARDENS BLVD., STE BOCA RATON, FL 33432	Name	Name Street Address (P.O. Box Number is Not Acceptable)		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alguature required when reinstating)  DATE  FILE NOW!!! FEE IS \$750.00				
After January 1, 2005, Fee will be \$900.0		<b>I</b> 11.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 11
TITLE D  NAME MURPHY, MARTIN  STREET ADDRESS  6083 BOCA RIO DR.  BOCA RATON, FL 33433	☐ Delete	TITLE NAME	33 VISTA DEL LAGO CA RATON, FL 3	Change
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Đelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change dddition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000433 12/06/0401067	Change Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an addjess, with all other like empowered.				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayling Phone i				

MARTIN V. MURPHY

## Meeting Practices, Inc.

9283 Vista Del Lago Suite 37L Boca Raton FL 33428

November 26, 2004

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

As agreed in our recent telephone conversation, I am enclosing a completed 2004 For Profit Corporation Reinstatement form with <u>new address information</u> for place of business and mailing and a new check for \$150.00.

As also agreed, I will put a stop payment on the check (number 1418) for \$150.00 that was sent to your offices in August and never processed by you or returned to me. The letter accompanying that check explained I had moved and that notification for annual corporation renewal was never forwarded to my new address.

Thank you for clarifying the status of Meeting Practices, Inc. As a senior citizen I was especially impressed by the patience and helpful attitude of the individual who assisted me on the telephone earlier this month.

Sincerely,

Martin V. Murphy