

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 10:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P02000019428

1. Corporation Name

ORLANDO MEET AND GREET SERVICES, INC.

Principal Place of Business

Mailing Address

1522 LARKS NEST CT.
 ORLANDO FL 32824

1522 LARKS NEST CT.
 ORLANDO FL 32824



REINSTATEMENT 03

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

4. Date Incorporated or Qualified To Do Business in Florida

02/18/2002

Suite, Apt. #, etc.

1456 Brook Hollow Dr

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip

32824

Country

Zip

Country

5. FEI Number

01-060-7959

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	4 City / State / Zip
D	WILLIAMS, MICHAEL C	1522 LARKS NEST CT.	ORLANDO FL 32824
D	WILLIAMS, MICHAEL C.	1456 BROOK HOLLOW DR	ORLANDO, FL 32824

300024387343
 11/03/03--01093--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, MICHAEL C
 1522 LARKS NEST CT.
 ORLANDO FL 32824

Name

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

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. or 617.0505, F.S.

Signature of Registered Agent

Michael C Williams
 MICHAEL C WILLIAMS

REGISTERED AGENT MUST SIGN

Date

10/30/03

11. 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.

Michael C Williams

SIGNATURE:

MICHAEL C WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/03 407-850-4903

Date

Daytime Phone #

CR2E040 (7/03)

October 21, 2003

Dept. of State

Division of Corporations

P.O. Box 6327

Tallahassee, Fl 32314

Dear Sir or Madam:

I received a certificate of dissolution in the mail address to P.O. Box 770657 Orlando Fl 32877-0657 for Orlando -Meet and -Greet Services Inc. - However, when I call your department to investigate the matter I was told that two letters were previously sent to my old address at 1522 Larks Nest Court, Orlando Fl. 32824. I never received any mail, asking to file a 2003 uniform business report along with sending a check for \$150.00. What's remarkable is the dissolution certificate found our proper P.O. Box. I relocated last December of 2002 to my present address at 1456 Brook Hollow Drive, Orlando, Fl 32824. My accountant had filled out the corp. papers on my behalf, and because of my ignorance I was unaware that any fees or uniform business report had to be filed with the state of Florida. If it's not too late to ask can I pay please enclose a check for \$150.00, along with the uniform report and have my company reinstated.

Sincerely

Michael C. Williams