PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| · APPLICATION |
|---------------|
| ₂FOR |
| REINŚTATEMEN |



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000095317

1. Corporation Name

MEIA GROUP CORPORATION

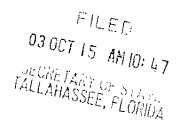
Principal Place of Business

Mailing Address

764-EAST MICHIGAN STREET

SUITE 207-

on this application is true and curate, and my signature shall have the same legal effect as if made under oath.





| ORLANDO FL 32806 4650 ORLANDO FL 32896 4650 | | | | | | | |
|---|---|-----------------------------------|--|---|--|---------------------------|--|
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | | | |
| | ncipal Office Address, If Applicable Ave. | | ing Office Address, If Applicable, 24 Eagleston Ave. | | 4. Date Incorporated or Qualified To Do Business in Florida 09/03/2002 5. FEI Number | | |
| City & State | lando, FL | City & State Or lands | Orlando, FL | | Not Applicable | | |
| 32810 | -482 Country USA | 32810-4932 Cou | USA | \$6./3 Additional Fee | | | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | | | |
| Title(s) | Name of Officers and/or Directors | | Street Address of Each Officer and/or Director | | City / S | State / Zip | |
| D | BUCCI, WAGNER | 4584 MIDDLET 4652 W | BROOK ROAD, APT. | A., Apt. Q | ପ ORLANDO FL 32811 | | |
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| | | | | 30 | 00238138 | 193 | |
| | | | Ŗ | EIMST | ATEMENT | 73 | |
| | | | · · | | ជ | | |
| 8. Name and Address of Current Registered Agent | | | | 9. Name and Address of New Registered Agent | | | |
| Name | | | | | | | |
| | | | | O. Box Number is Not Acceptable) | | | |
| 1201 HAYS STREET TALLAHASSEE FL 32301 | | | Suite, Apt. #, Etc. | | | | |
| | | | City | City State Zip Code | | | |
| 10. I, being | appointed the registered agent of the abov | e named corporation, am familiai | with and accept the of | bligations of Section | on 607.0505, F.S. or 617.05 | 05, F.S. | |
| Signature of Registered | | M WRK REQ | aria S. Replo | gle | Date 10-15 | F-03 | |
| REGISTERED AGENT MUST SIGN | | | | | | | |
| this reins | that I am an officer or director or the receive statement application, the reason for dissole the corporation have been paid and the na | ution has been eliminated, the co | rporate name satisfies | the requirements | of section 607.0401 or 617.0 | 0401, F.S., that all fees | |

10-10-03



ACCOUNT NO. : 072100000032

REFERENCE: 280112

_/349148

AUTHORIZATION

COST LIMIT : \$ 750.00

ORDER DATE: October 14, 2003

ORDER TIME: 8:04 AM

ORDER NO. : 280112-005

CUSTOMER NO: 7349148

CUSTOMER: Mr. Wagner Bucci

Mr. Wagner Bucci

Apt. Q

4652 Middlebrook Road Orlando, FL 32811

DOMESTIC FILINGS

NAME: MEIA GROUP CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS

DIVISION OF CORPORATION