

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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
ORLANDO FL 32806-4650~~

~~764 EAST MICHIGAN STREET
SUITE 207
ORLANDO FL 32806-4650~~

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

5624 Eggleston Ave.
Suite, Apt. #, etc.

5624 Eggleston Ave.
Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32810-4932 Country
USA

Zip
32810-4932 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/2002

5. FEI Number

☒ 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	BUCCI, WAGNER	4504 MIDDLEBROOK ROAD, APT. A <u>4652 Middlebrook Rd., Apt. 2</u>	ORLANDO FL 32811

300023813893

REINSTATEMENT

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

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.

Maria S. Reptogle
as its agent

Signature of
Registered Agent

Maria S. Reptogle
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-15-03

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.

SIGNATURE:

Wagner Bucci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03
Date

Daytime Phone #



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 280112 7349148

AUTHORIZATION :

Patricia Pigute

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 _____

RECEIVED
03 OCT 15 AM 8 47
DIVISION OF CORPORATION