

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV 29 PM 7:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P26189

1. Corporation Name

MERIDIAN SECURITIES, INC.

Principal Place of Business

Mailing Address

~~601 PENN STREET, 2ND FLOOR~~  
~~P.O. BOX 7022~~  
~~READING PA 19602~~

~~601 PENN STREET, 2ND FLOOR~~  
~~P.O. BOX 7022~~  
~~READING PA 19602~~

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

1339 Chestnut St.  
Suite, Apt. #, etc.  
15th Fl. Widener Bldg.

1201 Hays Street  
Suite, Apt. #, etc.

City & State (PA4840)

City & State

Philadelphia, PA  
Country  
19107 USA

Tallahassee, FL  
Country  
32301-2525 USA

REINSTATEMENT

4. Date incorporated or Qualified  
To Do Business in Florida

09/26/1989

5. FEI Number

23-2312551

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BASS, WILLIAM M	6000 N ANDREWS AVE	FT LAUDERDALE FL
VTS	BURKE, WILLIAM T.	8 DOMINION COURT	MIDDLETOWN NJ
SGFO	HARFST, JEFFREY L	8 DOMINION COURT	MIDDLETOWN NJ
	SEE ATTACHED LIST FOR DIRECTORS AND OFFICERS INFORMATION		

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 607.0806, F.S.

Signature of  
Registered Agent

Deborah W. Skipper  
Deborah P. Skipper  
as its agent

REGISTERED AGENT MUST SIGN

Date 11/29/99

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.

KE

SIGNATURE:

Jacqueline A. Ballantine  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacqueline A. Ballantine, VP & Asst. Sec'y

11/24/98

Date

215-973-7236

Daytime Phone #

300003055133--4

**MERIDIAN SECURITIES, INC.**

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	<u>Officers</u>	<u>Title</u>	<u>Address</u>
P/D	Keith D. Lembo	President	301 South College Street Charlotte, NC 28288
S	David Hebner	Secretary	301 South College Street Charlotte, NC 28288
VP/ AS	Jacqueline A. Ballantine	Vice President & Assistant Secretary	1339 Chestnut Street Philadelphia, PA 19107
AVP/ AS	William H. Schwartz	Assistant Vice President & Assistant Secretary	1339 Chestnut Street Philadelphia, PA 19107
	<u>Director</u>		
D/P	Keith D. Lembo	Director	301 South College Street Charlotte, NC 28288



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ACCOUNT NO. : 072100000032

REFERENCE : 495842 7170545

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 750.00

ORDER DATE : November 29, 1999

ORDER TIME : 11:34 AM

ORDER NO. : 495842-015

CUSTOMER NO: 7170545

CUSTOMER: Ms. Jackie A. Ballantine  
First Union Corporation  
Legal Dept. Pa 4840  
1339 Chestnut Street  
Philadelphia, PA 19107

ANNUAL REPORT FILING

NAME: MERIDIAN SECURITIES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
99 NOV 29 PM 12:13  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA