PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -9 PM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000076541

REINSTATEMENT 03

1. Corporation Name

Meridian Investment & Management, Inc.

2. Principal Office Address	**3.** Mailing Office Address
53 1/2 Old Main Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, Florida	City & State
Zip: 34205 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/04/1993

5. FEI Number: 650446181 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

000026577206
01/09/04--01006--012 **750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: NRAI Services, Inc. by: Joanne Cornell, Joanne Caswell Asst. Secy Date: 12-5-03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Danny L. Pixler	5101 N.W. 21st Avenue Suite 350	Ft. Lauderdale, Florida 33439
T	Rick Steen	5101 N.W. 21st Avenue Suite 350	Ft. Lauderdale, Florida 33439
S	Peter Campitiello	477 Madison Avenue	New York, NY 10022

10. 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: Peter Campitiello 11/26/03 (212) 751-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #