

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000083739

1. Corporation Name

MERIDIAN CAPITAL GROUP, INC.

Principal Place of Business

195 WEKIVA SPRINGS RD.  
STE. ~~200~~ 200  
LONGWOOD FL 32779  
US

Mailing Address

195 WEKIVA SPRINGS RD.  
STE. ~~200~~ 200  
LONGWOOD FL 32779  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/01/1993

5. FEI Number

59-3214190

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JOHN R. MANION	1227 MAJESTIC OAK DRIVE	APOPKA FL
VP	MANION, JOHN R	1227 MAJESTIC OAK DR.	APOPKA FL

9000008947009  
11/13/02--01014--005 \*\*150.00

8. Name and Address of Current Registered Agent

O'BRIEN, MICHAEL M  
1701 PERCH LN.  
SANFORD FL 32771

9. Name and Address of New Registered Agent

Name

JOHN R. MANION

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

1227 MAJESTIC OAK DR

Suite, Apt. #, Etc.

City

APOPKA

State

FL

Zip Code

32712

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

*[Signature]*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/4/02

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:

*[Signature]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/02

Daytime Phone #

*[Signature]*

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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CR2E040 (8/02)

# MERIDIAN CAPITAL GROUP, INC.

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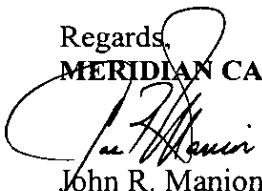
November 4, 2002

State of Florida  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

This letter is sent in compliance with the reinstatement of corporations. Neither this office nor the registered agent received previous notices of dissolution. The appropriate changes have been made on the enclosed application and a check for the \$150.00 annual fee is enclosed. Please contact me if you have any questions or require further information.

Regards,  
**MERIDIAN CAPITAL GROUP, INC.**



John R. Manion  
President