APPRV AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JUL 14 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000037873

**1.** Corporation Name

THE NEW MEETING PLACE, INC.

DD 7.15

# REINSTATEMENT 0600

| **2.** Principal Office Address - No P.O. Box # | | **3.** Mailing Office Address | |
|---|---|---|---|
| 5936 OKEECHOBEE BLVD. | | 5936 OKEECHOBEE BLVD. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| WEST PALM BEACH, FL | | WEST PALM BEACH, FL | |
| Zip | Country | Zip | Country |
| 33417 | WEST PALM BEA | 33417 | WEST PALM BEA |

**4.** Date Incorporated or Qualified To Do Business in Florida 04/25/1997

**5.** FEI Number 65-0816407 ☐ 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
HUGUETTE MELOCHE

Street Address (P.O. Box Number is Not Acceptable)
5936 OKEECHOBEE BLVD.

Suite, Apt. #, Etc.

| City | State | Zip Code |
|---|---|---|
| WEST PALM BEACH | FL | 33417 |

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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 (X) Huguette Meloche Date 07/08/2008
REGISTERED AGENT MUST SIGN

**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 |
|---|---|---|---|
| PRES | HUGUETTE MELOCHE | 5936 OKEECHOBEE BLVD. | WEST PALM BEACH,FL.33417 |
| | | | |
| | | | |
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| | | | |

700132892587
07/14/08--01059--006 **450.00

**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 contained in Chapter 119, 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: (X) Huguette Meloche PRESIDENT Huguette Meloche 07/07/08 561-684-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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