

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVAL
AND
FILED

DOCUMENT # P98000001868

1. Corporation Name

MERIDIAN CREDIT CORP.

03 JUN 25 PM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

9724 W. Sample Road

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs

City & State

Same

Zip

33065

Country

USA

Zip

same

Country

same

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/98

5. FEI Number

650807180

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

Matthew Fronzaglia

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

9724 W. Sample Road

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

400021131204

06/25/03--01025--007 ***1050.00

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

Matthew D. Fronzaglia

REGISTERED AGENT MUST SIGN

Date 6/23/03

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
D	Matthew Fronzaglia	9724 W. Sample Road	Coral Springs, FL 33065

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:

Matthew D. Fronzaglia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/03 (954) 461-8564

Date

Daytime Phone #

CR2E081 (1/02)