

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 14 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA8000102187**

1. Corporation Name

MEETING MANAGEMENT CONSULTANTS INC.

2. Principal Office Address

1865 SEMORAN BLVD

Suite, Apt. #, etc.

STE. 223

City & State

WINTER PARK, FL

Zip

32792

Country

USA

3. Mailing Office Address

1865 SEMORAN BLVD

Suite, Apt. #, etc.

STE 223

City & State

WINTER PARK, FL

Zip

32792

Country

USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

12/4/98

5. FEI Number

59-3542852

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

STEVEN D BOGARD

000003173550-3

-03/22/00--01037--008

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

1263 MARINA POINT

*****908.75 ***908.75**

Suite, Apt. #, Etc.

203

City

CASSELBERRY

000003173550-3

FL03/22/00-01037-008

*****908.75 ***908.75**

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

SD Bogard

REGISTERED AGENT MUST SIGN

Date

3/10/00

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 ROB	TRISH DIAIETRI	1000B E. MICHIGAN ST	ORLANDO, FL 32806
V/S/T	STEVEN D. BOGARD	1263 MARINA POINT, 203	CASSELBERRY, FL 32707
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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:

SD Bogard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

407-831-8885

Daytime Phone #