

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -1 AM 11:53

DOCUMENT # P99000097667

1. Corporation Name

MEETING EXPECTATIONS, INC.

Principal Place of Business

~~1270 MAPLE STREET SW~~
~~LARGO FL 33770~~

Mailing Address

~~1270 MAPLE STREET SW~~
~~LARGO FL 33770~~



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

2. New Principal Office Address, If Applicable

~~5396 GULF BLVD~~

Suite, Apt. #, etc.

~~#108~~

City & State
~~ST PETE BEACH, FL~~

Zip

~~33706~~

Country

~~USA~~

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1999

5. FEI Number

~~59-3606721~~

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	SALEMME, LAURA	1270 MAPLE STREET SW 8583 MERRIMOOD BLVD LAGO	LARGO FL 33770
V-T-S	LIND, LYNDIA	5396 GULF BLVD #108	ST PETE BEACH, FL 33706
			400008468774-5 -11/17/00--01067--007 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.

~~941 FOURTH STREET #200~~

~~MIAMI BEACH FL 33139~~

9. Name and Address of New Registered Agent

Name

ELLIOTT S. GASSNER

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

9400 FOURTH ST. NO. 120

Suite, Apt. #, Etc.

SUITE 120

City

ST. PETERSBURG

State

FL

Zip Code

33702

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/27/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/00

Daytime Phone #

CR2E040 (8/00)

MEETING EXPECTATIONS, INC.



October 28, 2000

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Reinstatement

Per my conversation with this office today, Meeting Expectations is a new company less than one year old. Because of our knowledge of the travel industry and lack of knowledge of incorporation and business practices, we had a specialist as listed below handle our paperwork. At no time were we told that a quarterly report was necessary nor were we informed of any reports they might have received.

Corporate Creations International, Inc. Florida
94 Fourth Street #200
Miami, FL 33139

In the spring of 2000 we moved to our new address as listed on the Reinstatement Form. Though we filed a change of address with the post office, many things have been lost. We did not receive any notices from you until the new tenant at our old address called us on Thursday night, October 26, 2000. I picked everything up on Friday morning and immediately took it to our hired accounting firm who will now handle all our accounting and tax needs. We request that all future documentation be sent directly to his office for his prompt attention.

Elliott S. Gassner
9400 Fourth Street North #120
St Petersburg, FL 33702

For the above reasons, we ask that the Reinstatement Fee be waived. Enclosed you will find a check in the amount of \$150.00. If this is not possible, please call 727/360-5928 and I will overnight the additional funds.

Thank you for your understanding and cooperation.

Lynda T Lind, CTC, CMP
Senior Vice President