

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV 29 AM 11:10

DOCUMENT # **P99000111153**

1. Corporation Name

**MEETINGNET INTERACTIVE, INC.**

Principal Place of Business

4399 36TH ST SW  
ORLANDO FL 32811

Mailing Address

4399 36TH ST SW  
ORLANDO FL 32811



**REINSTATEMENT**

**01**

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

12/27/1999

5. FEI Number

59-3618135

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
D	FRANKLIN, RAYMOND W	4399 36TH ST SW	ORLANDO FL 32811
SVP	WHEATLEY, KEMBALL	389 W 2ND STREET, STE B	OGDEN UT 84402
SVO	FKEKNER, WILLIAM	389 W 2ND ST, STE B	OGDEN UT 84402
PCEO	FITE, MARK A	4399 36TH ST, SW	ORLANDO FL 32811
			800004721258--6 -12/12/01--01081--009 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~FELUREN, MARK S~~  
~~100 SE 3RD AVE~~  
~~FT LAUDERDALE FL 33304~~

9. Name and Address of New Registered Agent

Name  
**MARK A. FITE**  
Street Address (P.O. Box Number is Not Acceptable)  
**4399 36TH ST. S.W.**  
Suite, Apt. #, Etc.  
City  
**ORLANDO** State  
**FL** Zip Code  
**32811**

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

Date **11-26-01**

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MARK A. FITE**

**11-26-01**

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