FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 MAY -1 PM 3:46
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V49321

1. Corporation Name
Meridian Funding, Inc.

REINSTATEMENT 0203

2. Principal Office Address	3. Mailing Office Address
816 Bannockburn Avenue	816 Bannockburn Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Temple Terrace, Florida	City & State: Temple Terrace, Florida
Zip: 33617 Country: USA	Zip: 33617 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: July 6, 1992

5. FEI Number: 59-3135456 ☐ 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: Tob S. Trickey

Street Address (P.O. Box Number is Not Acceptable): 816 Bannockburn Avenue

Suite, Apt. #, Etc.:

City: Temple Terrace State: FL Zip Code: 33617

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: Tob S. Trickey Date: 5/1/03
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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/D	Tob S. Trickey	816 Bannockburn Avenue	Temple Terrace, FL 33617
V/D	L. Lee Jones	8418 Evergreen Drive	Little Rock, AR 72227

10. I certify that I am an officer or director of 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: Tob S. Trickey 5/1/03 817-249-3399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Fax Number : (850)205-0384

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Fax Number : (850)224-1640

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CORPORATION REINSTATEMENT

MERIDIAN FUNDING, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$908.75