

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V58121**

1. Corporation Name

MERIDIAN GALLERY, INC.

Principal Place of Business

Mailing Address

**815 SW 30 ST
UNIT K
FT LAUDERDALE FL 33315**

**815 SW 30 ST
UNIT K
FT LAUDERDALE FL 33315**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

REINSTATEMENT 96 00

4. Date Incorporated or Qualified To Do Business in Florida **08/13/1992**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

540 SOUTH FEDERAL HIGHWAY

540 SOUTH FEDERAL HIGHWAY

City & State

City & State

POMPANO BEACH FLORIDA

POMPANO BEACH FLORIDA

Zip

Country

Zip

Country

33062

USA

33062

USA

5. FEI Number

65-0355876

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **YES**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	SPENDLOVE, NIGEL P.	540 S. FEDERAL HWY.	POMPANO BCH FL 33062
D	SPENDLOVE, REBECCA L.	815 SW 30 ST #K	FT LAUDERDALE FL

**100002000331--4
-11/08/96--01044--033
****383.75 ****383.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SPENDLOVE, REBECCA L.
540 S. FEDERAL HWY.
POMPANO BCH FL 33062**

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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]

SIGNATURE REQUIRED

Date

10/31/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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

10/31/96

954 731 5810

Date

Daytime Phone #

CR22040 (7/96)