

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

97 JAN -2 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F67458

1. Corporation Name
MELINA'S, INC.

Principal Place of Business
% ELSIE TOMICH JOHNS
2010 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

Mailing Address
% ELSIE TOMICH JOHNS
2010 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020



REINSTATEMENT

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		4. Date Incorporated or Qualified To Do Business in Florida		02/16/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number		Applied For	
City & State		City & State		59-2184123		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)

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
PD	JOHNS, ELSIE T	2010 HOLLYWOOD BLVD	HOLLYWOOD, FL 00000
			000002050250--6
			01/03/97 01036 028
			***375.00 ***375.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
JOHNS (ELSIE TOMICH) 2010 HOLLYWOOD BLVD. HOLLYWOOD FL 33020		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City	State	Zip Code	
		FL			

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: Elsie Johns Date: 12-29-96
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: Elsie Johns Date: 12-29-96 Daytime Phone #: 954-922-5033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E910 (7/96)