

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED

02 MAY 10 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000008456

1. Limited Liability Company's Name

MELTON INTERNATIONAL BUSINESS ASSOCIATES,
LLC

2. Principal Office Address

3440 HOLLYWOOD BLVD

Suite, Apt. #, etc.

360

City & State

HOLLYWOOD, FL

Zip

33021

Country

USA

3. Mailing Office Address

3440 HOLLYWOOD BLVD

Suite, Apt. #, etc.

360

City & State

HOLLYWOOD, FL

Zip

33021

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

7/18/2000

6. FEI Number

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

LEONARDO A. ROTH, Esq

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

3440 HOLLYWOOD BLVD

Suite, Apt. #, Etc.

SUITE 360

City

HOLLYWOOD

State
FL

Zip Code

33021

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*****200.00 *****200.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4-24-02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGEM	ROUSSO, MARK	3440 HOLLYWOOD BLVD, STE 360,	HOLLYWOOD, FL 33021
MGRM	ROTH, LEONARDO A.	3440 HOLLYWOOD BLVD, STE 360,	HOLLYWOOD, FL 33021

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

LEONARDO A. ROTH

Date

4-24-01

Daytime Phone #

954-322-4280

Typed or printed name of signing Managing Member/Manager

LEONARDO A. ROTH