


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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CR2E081 (12/05)

DOCUMENT # P02000036798
1. Corporation Name
MEL 865, INC

| | | | |
|--|--|--|--|
| 2. Principal Office Address 6090 SW 104 ST Suite, Apt. #, etc. | | 3. Mailing Office Address 6090 SW 104 ST Suite, Apt. #, etc. | |
| City & State PINECREST, FL Zip 33156 Country USA | | City & State PINECREST, FL Zip 33156 Country USA | |

4. Date Incorporated or Qualified To Do Business in Florida April 3, 2002


5. FEI Number 32-0008681
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 FERNANDO R. LEAL
Street Address (P.O. Box Number is Not Acceptable) 6090 SW 104 ST.
Suite, Apt. #, Etc.
City PINECREST State FL Zip Code 33156

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  Date 3-1-06
REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|--|---------------------|
| PRES | FERNANDO R. LEAL | 6090 SW 104 ST | PINECREST, FL 33156 |
| SEC-TR | MARIA E. LEAL | 6090 SW 104 ST | PINECREST, FL 33156 |
| | | | |
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REINSTATEMENT 03-06
13 3/8/06

10. 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 contained in Chapter 119, 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:  FERNANDO R. LEAL 3-1-06 305-668-0860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #