

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ag/lofa

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 SEP 12 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD6000025558

1. Corporation Name  
*Mellon Construction INC.*

800135688058  
09/11/08--01026--004 \*\*150.00

**REINSTATEMENT**  
CR2E081 (12/07)

*OS*

2. Principal Office Address - No P.O. Box #  
*2100 Emerald Rd  
Orl FL 32808*

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Orlando*

City & State

*Florida*

Zip

*32808*

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

*2-28-06*

5. FEI Number

*204332552*

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  
*Lashonda McCreanion*

Street Address (P.O. Box Number is Not Acceptable)  
*2100 Emerald Rd*

Suite, Apt. #, Etc.

City  
*Orlando*

State  
**FL**

Zip Code  
*32808*

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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  
*L McCreanion*

REGISTERED AGENT MUST SIGN

Date  
*9/7/08*

**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
<i>P</i>	<i>Milton McFarlane</i>	<i>2100 Emerald Rd</i>	<i>Orlando, FL 32808</i>

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:

*Milton McFarlane*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*9/7/08*

Daytime Phone #

9/7/08 g202

To whom it may concern:

I spoke to Sean Tomlin requesting  
that this fee be waived  
because of the fact that I was  
not notified that the annual fee  
was not paid, I paid my accountant  
in April with a business check  
and the accountant sent her  
business check to Division of Corporations  
in which my business check taken  
cleared at the bank, but the check  
she sent in her own business name  
did not clear and she did not  
make me aware of this matter.  
Thank you for your time and  
consideration

Mellow Construction LLC.  
President - Milton McFarlane  
Register Agent - J McPeckham