

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2001-2017

DOCUMENT # 266167

1. Corporation Name

MELODY VILLAS INC

2. Principal Office Address - No P.O. Box #

4211 NE 22nd Avenue

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

3. Mailing Office Address

4211 NE 22nd Avenue

Suite, Apt. #, etc.

#10

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

7. Name and Address of Current Registered Agent

Name

WILLIAM B. BOWMAN, JR.

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

4211 NE 22nd Avenue

Suite, Apt. #, Etc.

#10

City

Lighthouse Point

State

FL

Zip Code

33064

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

*William B. Bowman, Jr.*  
REGISTERED AGENT MUST SIGN

Date April 28, 2017

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
P/D	WILLIAM B. BOWMAN, JR.	4211 NE 22 Avenue Apt. 10	Lighthouse Point, FL 33064
VP/D	TIMOTHY BLIGH	4211 NE 22 Avenue, Apt. 4	Lighthouse Point, FL 33064
S/D	DONNA BOWMAN	4211 NE 22 Avenue, Apt. #10	Lighthouse Point, FL 33064

10. E-mail Address: maintenancedude@comcast.net

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

*William B. Bowman, Jr.*

April 28, 2017 954-943-3631

FILED

17 MAY -1 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05/01/17--01009--007 \*\*3150.00

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

1/15/1963

5. FEI Number

59-1038880

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

K. ASHTON