

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JUN 18 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 333017

1. Corporation Name

Jon meleric, inc.

2. Principal Office Address

85 N Rosiland CT

Suite, Apt. #, etc.

3. Mailing Office Address

1501 Robert S Conland Blvd

Suite, Apt. #, etc.

Suite 250

City & State

Meritt Island FL

City & State

Melbourne FL

Zip

Country

32952

Brevard

Zip

Country

32905

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2164877

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

300037341563

06/18/04--01007--023 \*\*600.00

12-04-03 01018 007 #300.00 0204

7. Name and Address of Current Registered Agent

Name

Margaret R Chiarello

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

85 N Rosiland CT

Suite, Apt. #, Etc.

City

Meritt Island

State

FL

Zip Code

32952

**REINSTATEMENT**

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

REGISTERED AGENT MUST SIGN

Date

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
PS	Margaret Chiarello	85 N Rosiland CT	Meritt Island FL 32952

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 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:

Margaret R Chiarello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321 449-8795

Date

Daytime Phone #

CR2E081 (01/04)