

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT 16 AM 8:25

DOCUMENT # **417622**

1. Corporation Name

**MELEE INC**

Principal Place of Business

Mailing Address

917 8TH AVE  
SEBRING FL 33872  
US

917 8TH AVE  
SEBRING FL 33872  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**2532 DAVIS CIRCLE**

3. New Mailing Office Address, If Applicable

**2532 DAVIS CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SEBRING, FL**

City & State

**SEBRING, FLORIDA**

Zip

**33870**

Country

**HIGHLANDS**

Zip

**33870**

Country

**HIGHLANDS**

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/29/1973**

5. FEI Number

**59-1448609**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	EASTMAN, BEN	206 TAR HEEL RD	MAGGIE VALLEY NC 28751
V	LOWE, DAVID	2061 W NORTHGATE DR	COLUMBUS IN
S	HEACOCK, FORD	2713 NE LAKE VIEW DR	SEBRING FL
T	EASTMAN, MIKE	917 8TH AVE	SEBRING FL 33872
V	LOWE, DOUGLAS	502 S. MAIN STREET	WINCHESTER IN 47394

8. Name and Address of Current Registered Agent

**EASTMAN, C. MICHAEL**  
**917 8TH AVENUE**  
**SEBRING FL 33872**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**C. Michael Eastman**  
REGISTERED AGENT MUST SIGN

Date

**10-14-03**

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., 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:

**C. Michael Eastman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10-14-03**

Daytime Phone #

**(863) 471-5100**

CR2E040 (7/03)

**MELEE, INC.  
2532 DAVIS CIRCLE  
SEBRING, FLORIDA 33870**

October 14, 2003

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P O Box 6327  
Tallahassee, FL 32314-6327

Dear Sir or Madam:

This letter serves as a request to waive the reinstatement fee as I did not receive the two prior uniform business report (UBR) notices. Our corporation is a small family farming operation and we had two events that contributed to our inadvertently failing to file our corporation annual report. The first was that I relocated to a different address and didn't receive all my mail as I failed to notify everyone of my address change. The second was that the President of our corporation was dying of cancer during this time (passed away on 7-5-03), and our minds were not on business.

Enclosed you will find our "Application For Reinstatement" and a check made out to the Department of State for \$ 150.00.

Thank you for your consideration of this matter.

Sincerely,



C. Michael Eastman  
Treasurer