PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

417622

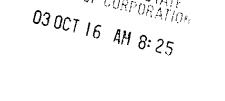
1. Corporation Name

MELEE INC

Principal Place of Business

Mailing Address

917 8TH AVE SEBRING FL 33872 917 8TH AVE SEBRING FL 33872



US		US			1		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					AN		
2532_DAVIS CIRCLE 253			ing Office Address, If Applicable 2 PAVIS CIRCLE		4. Date incorporated or Qualified To Do Business in Florida 01/29/1973		
Suite, Apt. #, etc. Suite, Apt. #,		etc.				Applied For	
City & State City & State		RING, FLORIDA 870 HIGHCAMOS		59-1448609 Not Applicable 88.75 Additional Fee requirements		Not Applicable	
SEBRING, FL SEBR						\$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)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
Р	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		
Т	EASTMAN, MIKE		917 8TH AVE			SEBRING FL 33872	
v	LOWE, DOUGLAS	502 S. MAIN STREET			WINCHESTER IN 47394		
					40	0023852: 92-11187-1192	804
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
	tangan kalamatan dan berada dan b		· ·	'Name"		•	1
EASTMAN, C. MICHAEL				Street Address (P.O. Box Number is Not Acceptable)			
917 8TH AVENUE			Suite, Apt. #, Etc.				
SEBRING FL 33872			ουιτο, πρι. Ψ, Εισ.				
				City		S F	tate 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 Date 16 -14 - 03 REGISTERED AGENT MUST SIGN							

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

man C. MICHAEL EASTMAN

10-14-03

(863) 471-5/06

Daytime Phone

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