
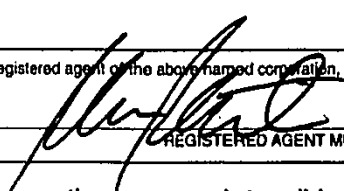
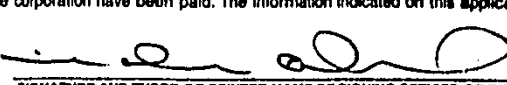


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|  |                                   |  |  |  |  |
|--|-----------------------------------|--|--|--|--|
| <b>APPLICATION<br/>FOR N<br/>REINSTATEMENT</b>   |                                   | <br><b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |  | <b>FILED</b><br><br><b>96 OCT 29 PM 4:05</b><br><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |  |
| <b>DOCUMENT # 762189</b>   |                                   |  |  |  |  |
| 1. Corporation Name<br><br><b>MELI CONDOMINIUM, INC.</b>   |                                   |  |  |  |  |
| Principal Place of Business<br><br><b>1838 N.W. 20 Street<br/>Miami, Florida 33142</b>   |                                   |  | Mailing Address<br><br><b>1838 N.W. 20 Street<br/>Miami, Florida 33142</b>   |  |  |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below.  |                                   |  |  |  |  |
| 2. New Principal Office Address, If Applicable<br><b>N/A</b><br>Suite, Apt. #, etc.  |                                   | 3. New Mailing Address, If Applicable<br><b>N/A</b><br>Suite, Apt. #, etc.   |  | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>04/24/80</b>                 |  |
| City & State   |                                   | City & State   |  | 5. FEI Number<br><b>65-0318697</b>   |  |
| Zip  |                                   | Country  |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>                                      |  |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  |                                   |  |  |  |  |
| 1  | 2                                 | 3  | 4  |  |  |
| Title(s)   | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)  | City / State / Zip   |  |  |
| Pres.  | Moises Mitrani D                  | 1749 Bay Drive D   | Miami Beach, FL 33141  |  |  |
| V/P  | Salomon Mitrani D                 | 7505 Espanola Avenue D   | Miami Beach, FL 33141  |  |  |
| S/T  | Rolando Atesiano D                | 1838 N.W. 20 Street D  | Miami, FL 33142  |  |  |
|  |                                   |  |  | <b>200001997362--S</b><br><b>11/06/96-01020-021</b><br><b>***358.75 ***358.75</b>              |  |
| 8. Name and Address of Current Registered Agent<br><br><b>Rolando Atesiano<br/>1838 N.W. 20 Street<br/>Miami, Florida 33142</b>  |                                   |  | 9. Name and Address of New Registered Agent<br>Name <b>Moises Mitrani</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>1749 Bay Drive</b><br>Suite, Apt. #, Etc.<br>City <b>Miami Beach</b> State <b>FL</b> 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.<br>Signature of Registered Agent  Date <b>10/4/96</b><br>REGISTERED AGENT MUST SIGN   |                                   |  |  |  |  |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)   |                                   |  |  |  |  |
| 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                                   |  |  |  |  |



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

October 22, 1996

MELI CONDOMINIUM, INC.  
1838 NW 20TH ST.  
MIAMI, FL 33142

SUBJECT: MELI CONDOMINIUM, INC.  
Ref. Number: 752189

We have received your document for MELI CONDOMINIUM, INC. and check(s) totaling \$358.75. However, your check(s) and document are being returned for the following:

Florida nonprofit corporations are required to have at least 3 directors. Please place the letter "D" beside the names and business addresses of each director.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6059.

Stacy Prather  
Document Specialist

Letter Number: 896A00048681

*Note:*  
Please provide  
this office with  
written confirmation  
when corp has  
been reinstated  
Enclosed in a  
stamped  
return  
envelope.

*"Done"*  
*Please see*  
*attached*