

# **2007 LIMITED PARTNERSHIP REINSTATEMENT**

DOCUMENT# A05000000610

**FILED**  
**Oct 11, 2007**  
**Secretary of State**

**Entity Name:** MELA CAPITAL GROUP, LIMITED PARTNERSHIP

**Current Principal Place of Business:**

6378 BUENA VISTA DRIVE  
MARGATE, FL 33063 US

**New Principal Place of Business:**

**Current Mailing Address:**

6378 BUENA VISTA DRIVER  
MARGATE, FL 33063 US

**New Mailing Address:**

**FEI Number:** 54-2170429      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DIXON, CINDI  
6378 BUENA VISTA DR.  
MARGATE, FL 33063 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: DIXON, KARL  
Address: 6378 BUENA VISTA DRIVE  
City-St-Zip: MARGATE, FL 33076 US

Document #:

Name: NYIRENDA, CINDI  
Address: 6378 BUENA VISTA DRIVE  
City-St-Zip: MARGATE, FL 33063 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: CINDI DIXON

P

10/11/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date