

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H41257**

1. Corporation Name

MELLISH ENTERPRISES, INC.

Principal Place of Business

**2001 NORTH ANDREWS AVENUE EXTENSION
POMPANO BEACH FL 33069**

Mailing Address

**2001 NORTH ANDREWS AVENUE EXTENSION
POMPANO BEACH FL 33069**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2521457

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	MCCOY, LARRY	2001 NORTH ANDREWS AVENUE EXTENS	POMPANO BEACH FL 33069

300002343633--7
11/10/97--01172--016
***758.75 ***758.75

REINSTATEMENT (97)
P. Alan
11/5/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BEILLY, BRADFORD J.
790 E. BROWARD BLVD
SUITE 200
FORT LAUDERDALE FL 33301**

Name **EDWARD J. POZZUOLI**

Street Address (P.O. Box Number is Not Acceptable)
790 E. BROWARD BLVD.

Suite, Apt. #, Etc.

SUITE 200

City

FT. LAUDERDALE

State

FL

Zip Code

33301

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10/31/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on Intangible tax.)

12. 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 DIRECTOR

John McCoy

Date

10/30/97

Daytime Phone #

**305
947
0881**

CR2040 (8/97)