

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 18 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S20014

1. Corporation Name
MELBE ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box # 14155 N. Miami Ave.
3. Mailing Office Address 14155 N. Miami Ave.

Suite, Apt. #, etc

City & State Miami, Fla. Miami, Fla.

Zip Country 33168 Miami-Dade 33168 Miami-Dade

000163787130
12/18/09--01037--009 **458.75

CR2E081(11/09) 07-09

4. Date Incorporated or Qualified To Do Business in Florida 6-18-1986

5. FEI Number 59-2695966 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Alice D. Bostic
Street Address (P.O. Box Number is Not Acceptable) 17211 N.W. 22nd Avenue
Suite, Apt. # Etc
City Miami Gardens State FL Zip Code 33056

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I being appointed the registered agent of the above named corporation am familiar with and accept the obligations of section 607 0505 or 617 0503, F.S.

Signature of Registered Agent Alice D. Bostic Date 12/16/09
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Bernice Smith	14155 N. Miami Ave.	Miami, FL 33168
SD	Ronald Wells	3400 N.W. 203rd Str.	Miami Gardens, FL 33056
	<u>p/12/21</u>		

10 E-mail Address: bsmith134@bellsouth.net
(To be used for future annual report notification)

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. I further certify 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: Bernice R. Smith Date 12-16-2009 305 Daytime Phone # 626-3646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR