

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.

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

CR2E081(11/09)

07-09

2. Principal Office Address - No P.O. Box #

14155 N. Miami Ave.

Suite, Apt. #, etc

3. Mailing Office Address

14155 N. Miami Ave.

Suite, Apt. #, etc

City & State

Miami, Fla.

City & State

Miami, Fla

Zip

Country

33168

Miami-Dade

Zip

Country

33168

Miami-Dade

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
P.D.	<u>Bernice Smith</u>	<u>14155 N. Miami Ave.</u>	<u>Miami, FL 33168</u>
S.D.	<u>Ronald Wells</u>	<u>3400 N.W. 203rd Str.</u>	<u>Miami Gardens, FL 33056</u>
	<u>p12/21</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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-2009

Date

305
626-3646

Daytime Phone #