## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT  DOCUMENT # L 000000/45/8  1. Limited Liability Company's Name  MELAN LLC			FILED  07 JUN 29 PM 1: 17  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Office Address - No P.O. Box #  3. Mailing Office Address  3. Mailing Office Address			CR2E041 (1/07)  4. State/Country of Formation	
Suite, Apt. #, etc.  City State	ot. #, etc. Suite, Apt. #, etc.		F/- Sparage of All Sparage of State Organized or Qualified To Do Business in Florida 11/15/2000	
SARASOTA FI Zip Country 34243 Manate e	F/ Zip	Country	7. CERTIFICATE	OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent  Name  DAVICE  Street Address (P.O. Box Number is Not Acceptable)  Sols  Suite, Apt. #, Etc.  City  BRALLWY  State  State  State  Jip Code  FL  34202			A \$100 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 \$100 reinstatement be waived.	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Date				
10. Names and Street Addresses of Managing Members/Managers				
		Street Address of Each Managing Member/Manag		City / State / Zip
MOR David T Engelsbers 8016 SNOWY Egent P1 BRADENT F134862 500105014385 07/12/07-01045-005 **350.00				
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				63,07
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager  Date  Date  Date  Daytime Phone #  Typed or printed name of signing Managing Member/Manager				