

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 OCT 25 AM 10: 51

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000016395

Name and Mailing Address

0010659 01 FP 0.352 **PRSR HT 9 0 0615 34787-570529



M.E.L.T. MANUFACTURING, L.L.C.
711 BUSINESS PARK BLVD., SUITE 104
WINTER GARDEN FL 34787-5705



2. New Mailing Address

City, State, Zip

Principal Place of Business

711 BUSINESS PARK BLVD., SUITE 104
WINTER GARDEN FL 34787

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

09/20/2001

6. FEI Number

59 3745052

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

SARGENT, WAYNE B II
711 BUSINESS PARK BLVD., SUITE 104
WINTER GARDEN FL 34787

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

900008597299

10/25/02--01087--007 **150.00

City

FL

Zip Code

10. 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 10-20-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SARGENT, WAYNE B II	711 BUSINESS PARK BLVD., SUITE 104	WINTERGARDEN FL 34787
MGR	LAMM, MARK S	711 BUSINESS PARK BLVD., SUITE 104	WINTERGARDEN FL 34787

12. 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 filing 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

10/20/02

Daytime Phone #

407-654-5998

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)