

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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Division of Corporations

1. DOCUMENT # L02000008242  
Name and Mailing Address

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ME-LYN, LLC

81 CLOVE BRANCH ROAD  
HOPEWELL JUNCTION NY 12533-5243



2003-2004

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/08/2002	
Principal Place of Business 81 CLOVE BRANCH ROAD HOPEWELL JUNCTION NY 12533	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent CURTIN, DANIEL F ESQ 809 DRUID ROAD EAST CLEARWATER FL 33756		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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.		9. Name and Address of New Registered Agent	
Signature of Registered Agent		Name	
REGISTERED AGENT MUST SIGN		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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
MGRM	DOUGLAS G. NEZTZER	81 CLOVE BRANCH RD	HOPEWELL JCT N.Y. 12533
MCM	DANIEL CURTIN	809 DRUID RD EAST	CLEARWATER FL 33756
			800024816488 11/19/03--01003--002 **150.00
			800024816488 03/12/04--01020--030 **50.00
<b>REINSTATEMENT 2003-2004</b>			

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 \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_