## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  Secretary of State DIVISION OF CORPORATIONS  2. Principal Office Address  13703 Richmond Park Dr. N  Suite, Apt. 4, etc.  13703 Richmond Park Dr. N  Suite, Apt. 4, etc.  1003  1004  1005  1
DOCUMENT # L55357.  1. Corporation Name Melikian, Inc.  2. Principal Office Address Melikian, Inc.  3. Mailing Office Address  3. Mailing Office Address  5. Principal Office Address  5. Principal Office Address  5. Suite, Apr. 4, etc.  7. Suite, Apr. 4, etc.  7. Name and Address of Current Registered Agent  Name Hani N. AlJada  Street Address (P.O. Box Number is Not Acceptable) 13703 Richmond Park Dr. N  Suite, Apr. 4, etc.  7. Name and Address of Current Registered Agent  Suite, Apr. 4, etc.  13. Mailing Office Address of Current Registered Agent  The Do Business in Florida  03/05/1990  5. Fel Number  5. Signature of Certificate of Status Desired  7. Name and Address of Current Registered Agent  Name Hani N. AlJada  Street Address (P.O. Box Number is Not Acceptable) 13703 Richmond Park Dr. N  Suite, Apr. 4, etc.  City Jacksonville  State  7. Name and Address of Current Registered Agent  Suite, Apr. 4, etc.  City Jacksonville  State  12p Coce_ FL  32254  32254  32254  32255  Signature of Registered Agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.  Signature of Registered Agent Officer and/or Director's Officer and/or Director
Melikian, Inc.  2. Principal Office Address 2. Principal Office Address 3. Mailing Office Address 13703 Richmond Park Dr. N 1403  City & State  City & State  City & State  City & State  Dacksonville, FL 2ip 2y 3225  USA  7. Name and Address of Current Registered Agent  Name Hani N. AlJada  Street Address (P.O. Box Number is Not Acceptable) 13703 Richmond Park Dr. N Suite, Apr. # Els.  City Jacksonville  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  Park Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)
2. Principal Office Address 3. Mailing Office Address 05/05/0401051018 **300,00  13703 Richmond Park Dr. N 13703 Richmond Park Dr. N Suite, Apt. 9, etc.    1603
13703 Richmond Park Dr. N  Suite, Apt. 4, etc.    603
13703 Richmond Park Dr. N  Suite, Apt. 4, etc.    603
13703 Richmond Park Dr. N  Suite, Apt. 4, etc.    603
Suite, Apt. \$, etc.    1603
City & State   City
City & State  Country  Coun
Jacksonville, FL  Jacksonville  To country  USA  Jacksonville  To country  USA  Jacksonville  To country  Jacksonville  To country  Jacksonville  To country  Jacksonville  To country  Jacksonville  State State  Jacksonville
Jacksonville, FL    Jacksonville, FL   Jacksonville, FL   Country   Zip
7. Name and Address of Current Registered Agent  Name Hani N. AlJada  Street Address (P.O. Box Number is Not Acceptable) 13703 Richmond Park Dr. N  Suite, Apt. #, Etc.  City Jacksonville  State Zip Code FL 32254  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 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
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Hani N. AlJada  Street Address (P.O. Box Number is Not Acceptable) 13703 Richmond Park Dr. N  Suite, Apt. #, Etc.  City Jacksonville  State FL 32284  3. 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 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 Officers and/or Directors Street Address of Each Officer and/or Directors  City / State / Zip
Street Address (P.O. Box Number is Not Acceptable) 13703 Richmond Park Dr. N  Suite, Apt. #, Etc.  City Jacksonville  State FL Zip Code 2/32254  Signature of Registered Agent Must Sign Date  Pagistered Agent Registered Agent 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 (Florida nonprofit corporations must list at least 3 directors)  Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)
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32254  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 Pate O4/28/04  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 Officers and/or Directors Officer and/or Director City / State / Zip
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Officers and/or Directors Officer and/or Director City / State / Zip
P Hani N. AlJada 13703 Richmond Park Dr. N /603 Jacksonville/FL/32264
<b>1</b>
10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:  Hani N. AlJada  04/28/04 (904)223-4786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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## Melikian, Inc. 13703 Richmond Park Dr. N Jacksonville, FL 32254

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, El 32314-6327

April 28, 2004

To whom it may concern:

Please find enclosed our check for \$300.00 together with a completed Application for Reinstatement. I hereby request that all penalties be abated in their entirety due to the fact that we never received the uniform business report and were unable to file on a timely basis through no fault of our own.

Sincerely,

Hani N. AlJada

Owner

HA/lm

enclosure