

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -5 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L55357

1. Corporation Name

Melikian, Inc.

2. Principal Office Address

13703 Richmond Park Dr. N

Suite, Apt. #, etc.

1803

City & State

Jacksonville, FL

Zip

32254

Country

USA

3. Mailing Office Address

13703 Richmond Park Dr. N

Suite, Apt. #, etc.

1803

City & State

Jacksonville, FL

Zip

32254

Country

USA

600035536606
05/05/04--01051--018 **300.00

REINSTATEMENT B-24

**4. Date incorporated or Qualified
To Do Business in Florida**

03/05/1990

5. FEI Number

59-3031586

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

Hani N. AlJada

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

13703 Richmond Park Dr. N

Suite, Apt. #, Etc.

1803

City

Jacksonville

State
FL

Zip Code
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

Hani N. AlJada

REGISTERED AGENT MUST SIGN

Date 04/28/04

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	Hani N. AlJada	13703 Richmond Park Dr. N 1803	Jacksonville/FL/32254

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

Hani N. AlJada

04/28/04

(904)223-4786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E081 (01/04)

TR

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

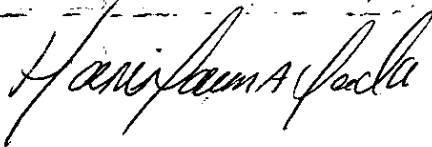
Department of State
Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

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