

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000038870

1. Corporation Name

Wendi R. Melcham Inc

REINSTATEMENT

04-06

CR2E081 (12/05)

2. Principal Office Address

248 Sparrow Branch Circle

3. Mailing Office Address

248 Sparrow Branch Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32259

Country

USA

Zip

32259

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

4/12/2000

5. FEI Number

593638570

☒ 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

Wendi R. Melcham Inc

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

248 Sparrow Branch Circle

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32259

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

Wendi R. Melcham Inc

Date

March 29, 2006

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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Wendi R. Melcham	248 Sparrow Branch Circle	Jacksonville, FL 32259

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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 contained in Chapter 119, 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:

Wendi R. Melcham Inc

Date

March 29, 2006

Daytime Phone #

422-54101

4/3/06