

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P 000069453

1. Corporation Name

Memaw's, Inc.

2. Principal Office Address

600 East Eau Gallie Blvd.

Suite, Apt. #, etc.

City & State

Indian Harbour Bch, Fl

Zip

32937

Country

Brevard

3. Mailing Office Address

600 East Eau Gallie Blvd.

Suite, Apt. #, etc.

City & State

Indian Harbour Bch, Fl

Zip

32937

Country

Brevard

REINSTATEMENT 81-02

4. Date Incorporated or Qualified
To Do Business in Florida

July 2000

5. FEI Number

59-3662211

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

Charlie Murray

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

600 East Eau Gallie Blvd

Suite, Apt. #, Etc.

City

Indian Harbour Beach

State

FL

Zip Code

32937

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

Charlie Murray
REGISTERED AGENT MUST SIGN

Date 9-9-02

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
Pres	Tracy Keller	288 Coastal Hill Dr.	Indian Harbour Bch., Fl, 32937
Sec/Tr	Charlie Murray	600 East Eau Gallie Blvd.	Indian Harbour Bch., Fl, 32937
Dir	Ronnie Keller	3040 Purple Martin Dr.	Indianalantic, Fl, 32903

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:

Tracy Keller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-9-02 (321) 779-9670

Daytime Phone #

FILED

02 SEP 12 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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9/9/02