

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**  
**Nov 11, 2002 8:00 A**  
**Secretary of State**

DOCUMENT # **P01000018619**

1. Corporation Name

**MEGI, INC.**

Principal Place of Business

LAW OFFICES OF B. JOHN OVINK, P.A.  
2402 CLEVELAND ST  
TAMPA FL 33609

Mailing Address

LAW OFFICES OF B. JOHN OVINK, P.A.  
2402 CLEVELAND ST  
TAMPA FL 33609



**REINSTATEMENT** 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**RAMON CARRION, P.A.**

Suite, Apt. #, etc.

**28100 U.S. 19 N. #502**

City & State

**CLEARWATER FL**

Zip

**33761**

Country

**U.S.A.**

3. New Mailing Office Address, If Applicable

**RAMON CARRION, P.A.**

Suite, Apt. #, etc.

**28100 U.S. 19 N. #502**

City & State

**CLEARWATER FL**

Zip

**33761**

Country

**U.S.A.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/20/2001**

5. FEI Number

**59-370400**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DIRECTOR	EVANTHIA LLESH	511 FAIRWOOD AVE #254	CLEARWATER, FL 33759
PRESIDENT	HAZIZ LLESHI	511 FAIRWOOD AVE #254	CLEARWATER, FL 33759

700009013827  
11/15/02--01011--018 \*\*750.00

8. Name and Address of Current Registered Agent

OVINK, B. JOHN  
2402 CLEVELAND ST  
TAMPA FL 33609

9. Name and Address of New Registered Agent

Name

**RAMON CARRION, P.A.**

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

**28100 U.S. 19 N. #502**

Suite, Apt. #, Etc.

**CLEARWATER**

City

State

**FL**

Zip Code

**33761**

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **11-11-2002**

11. 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11. 11. 2002**

Daytime Phone #

**727 642 1250**