

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

FILED

02 NOV 14 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000103264

1. Corporation Name

MELLO SOUNDS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

4629 WADITA KA WAY  
W. PALM BCH FL 33417

4629 WADITA KA WAY  
W. PALM BCH FL 33417

2695 N. MILITARY TRAIL  
WEST PALM BEACH, FL 33409

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

2. New Principal Office Address, if Applicable

2695 NORTH MILITARY TRAIL

Suite, Apt. #, etc.

SUITE # 25

City & State

WEST PALM BEACH, FL

Zip

33409

Country

USA

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/24/2001

5. FEI Number - NOT APPLICABLE

UC ACCT# 2353746 - FDR  
TALLAHASSEE, FL 1800 482 9293

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

PDT

MARCH, CALVERT L

4629 WADITA KA WAY

W. PALM BCH FL 33417

VDTS

MARCH, ANN MARIE P

4629 WADITA KA WAY

W. PALM BCH FL 33417

8. Name and Address of Current Registered Agent

PITTER, CARL S  
7447 NW 57TH ST.  
TAMARAC FL 33319

9. Name and Address of New Registered Agent

Name

ANN MARIE P. MARCH

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

4629 WADITA KA WAY

Suite, Apt. #, Etc.

City

WEST PALM BCH

State

FL

Zip Code

33417

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

11/6/02

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

Daytime Phone #

(561) 607-3588

CR2E040 (8/02)

Mellosound International, Inc.,

2695 N. Military Trail, #25

West Palm Beach, FL 33417.

Florida Department of State,

Division of Corporation,

P.O. Box 6327

Tallahassee, Florida 322314.

Dear Sir/Madam,

I recently received a notice of administrative dissolution or revocation from you. Apparently, a previous notice for a report/payment was sent of which I did not receive. This is my first year in business and therefore ignorant as to the expectation of submitting the corporation's annual report. Also, my agent Carl Pitter did not informed me of this requirement.

I am therefore requesting that the penalty fee be waived and my business be reinstated. A check in the amount of \$150.00 is enclosed.

Thanks for your understanding and assistance.

Yours truly,



Calvert March