

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 10:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000016195

1. Corporation Name

MELI AND STEPHI INC.

REINSTATEMENT 03



100024504261

11/07/03--01021--018 **750.00

Principal Place of Business

Mailing Address

16121 SW 23RD STREET
MIRAMAR FL 33027

16121 SW 23RD STREET
MIRAMAR FL 33027

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/12/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

90-0018652

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES. & TREAS.	CONSTANTINO V. VENTO, JR.	16121 SW 23RD STREET	MIRAMAR, FL 33027
V.P. & SEC.	ANNERIS A. VENTO	16121 SW 23RD STREET	MIRAMAR, FL 33027

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VENTO, CONSTANTINO V JR.
16121 SW 23RD STREET
MIRAMAR FL 33027

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Constantino Vento
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/1/03

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:

Constantino Vento
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/03

Daytime Phone #

561-7199431

CR2E040 (7/03)