

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

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

**DOCUMENT #** P02000066908  
**1. Corporation Name**  
  
MELVYN H RECH DO PA

<b>2. Principal Office Address</b> 1900 N UNIVERSITY DRIVE Suite, Apt. #, etc. 107 City & State PEMBROKE PINES, FL Zip 33024		<b>3. Mailing Office Address</b> SAME Suite, Apt. #, etc. City & State Country BROWARD	
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REINSTATEMENT 03-04

4/29/03 90531 036 150.00  
10/24/03 01067 019 150.00

**4. Date Incorporated or Qualified To Do Business in Florida.** 6/17/2002


**5. FEI Number** 03-0466178 **Applied For** Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ **6.75 Additional Fee required for Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name  
MELVYN H RECH  
Street Address (P.O. Box Number is Not Acceptable)  
1900 N UNIVERSITY DR  
Suite, Apt. #, Etc.  
107  
City  
PEMBROKE PINES  
State  
FL  
Zip Code  
33024

**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.**

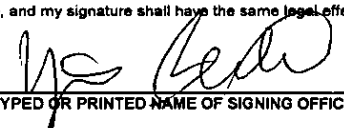
Signature of Registered Agent  Date 9/19/04

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 / Street / Zip
PRES	MELVYN H. RECH	3161 N 36 ST	HOLLYWOOD, FL 33021

**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)(f), 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:  9/19/04 954-270-1744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
04 SEP 28 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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09/29/04 01063 001 \*\*700.00