APPROVED
AND
FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAR -1 AM 10: 44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P020000098970

1. Corporation Name Robert Melde Company

1000674 36931
03/09/06--01014--009 **600.00

REINSTATEMENT 03-06 psc

CR2E081 (12/05)

2. Principal Office Address 5115 Brian Blvd

3. Mailing Office Address 5115 Brian Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Boynton Beach, FL

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| Zip 33437 | Country USA | Zip 33437 | Country USA |

4. Date Incorporated or Qualified To Do Business in Florida 9-13-02

5. FEI Number 02-0642699 ☐ 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 Robert Melde

Street Address (P.O. Box Number is Not Acceptable) 5115 Brian Blvd

Suite, Apt. #, Etc.

City Boynton Beach | State FL | Zip Code 33437 |

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 02-27-06

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 / State / Zip.
P	Robert Melde	5115 Brian Blvd	Boynton Beach, FL 33437

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 contained in Chapter 119, 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: _____   2/27/06   9545922516

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