

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 FEB 14 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000134278

**1. Corporation Name**

MEMI I CORP

**2. Principal Office Address**

1485 NW 29 Street

Suite, Apt. #, etc.

**3. Mailing Office Address**

1485 NW 29 Street

Suite, Apt. #, etc.

**City & State**

Miami, FL 33142

**City & State**

Miami, FL

**Zip**

33142

**Country**

Miami Dade

**Zip**

33142

**Country**

Miami Dade

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2002

**5. FEI Number**

27-0040688

**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**

Melquiades Chioldes

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

1485 NW 29 Street

**Suite, Apt. #, Etc.**

**City**

Miami

**State**

FL

**Zip Code**

33142

**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**

*Melquiades Chioldes*

REGISTERED AGENT MUST SIGN

**Date**

2-10-05

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip                            |
|--------|--------------------------------------|---------------------------------------------------|-----------------------------------------------|
| P/T/S  | Melquiades Chioldes                  | 1485 NW 29 Street                                 | Miami, FL 33142                               |
|        |                                      |                                                   | 600047346656<br>02/28/05--01004--005 **900.00 |
|        |                                      |                                                   |                                               |
|        |                                      |                                                   |                                               |
|        |                                      |                                                   |                                               |
|        |                                      |                                                   |                                               |

**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)(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:**

*Melquiades Chioldes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

2-10-05

**Daytime Phone #**

CR2E081 (01/05)