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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000124605

1. Corporation Name

MEL & NAT, INC.

REINSTATEMENT 04/18

2. Principal Office Address	3. Mailing Office Address
17555 Collins Avenue	
Suite, Apt. #, etc.: 1401	Suite, Apt. #, etc.
City & State: Sunny Isles, Florida	City & State
Zip: 33160 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/06/2003

5. FEI Number: ☑ 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: MARK SLININ

Street Address (P.O. Box Number is Not Acceptable): 17555 Collins Avenue

Suite, Apt. #, Etc.: 1401

City: Sunny Isles, Florida | State: FL | Zip Code: 33160

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: Mark Slinin — Date: 11/27/06

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
PSTD	MARK SLININ	17555 Collins Avenue, #1401	Sunny Isles, Florida 33160
VP	ADAM R. SCHIFFMAN	2999 N.E. 191 Street, #900	Aventura, Florida 33180

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: Mark Slinin — 11/27/06 — (305) 682-1528

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

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K. Eckel NOV 30 2006

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : ADAM R. SCHIFFMAN, P.A.
Account Number : I20000000100
Phone : (305)682-1328
Fax Number : (305)682-0063

CORPORATION REINSTATEMENT

MEL & NAT, INC.

Certificate of Status	1
Certified Copy	0
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