2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000035587

1. Entity Name
MELOS NETWORKS, INC.

FILED
05 NOV 14 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7400 STIRLING RD 1733 HOLLYWOOD, FL 33024	7400 STIRLING RD 1733 HOLLYWOOD, FL 33024

10202005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
11128 Golden Silence dr.	11128 Golden Silence dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Riverview, FL	City & State: Riverview, FL
Zip: 33569 Country	Zip: 33569 Country

4. FEI Number: 35-2226181 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COKGOREN, YAVUS 7400 STIRLING RD 1733 HOLLYWOOD, FL 33024	Name: YAVUZ COKGOREN Street Address (P.O. Box Number is Not Acceptable): 11128 Golden Silence dr City: Riverview FL Zip Code: 33569

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 10/26/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COKGOREN, YAVUS 7400 STIRLING RD # 1733 HOLLYWOOD, FL 33024	☐ Delete	P YAVUZ COKGOREN 11128 Golden Silence dr Riverview, FL 33569	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	700061414477 11/14/05--01047--014 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11/15

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 10/26/05 954-290-8143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #