

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 OCT 23 PH 2: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000113514

1. Corporation Name

MEL'S MAIL INC

400110746024
10/23/07--01016--014 **150.00

2. Principal Office Address - No P.O. Box #
1531 LEE ROAD

W07-50981

3. Mailing Office Address
1531 LEE ROAD

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.
100

City & State
WINTER PARK, FL

City & State
WINTER PARK, FL

Zip
32789

Country
USA

Zip
32789

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **08-02-2004**

5. FEI Number
205335875

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
MELANIE MONZADEH

Street Address (P.O. Box Number is Not Acceptable)
117 VARIETY TREE CIRCLE

Suite, Apt. #, Etc.

City
ALTAMONTE SPRINGS

State Zip Code
FL 32714

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Melanie Monzadeh
REGISTERED AGENT MUST SIGN

Date **10-10-2007**

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	MELANIE MONZADEH	117 VARIETY TREE CIRCLE	ALTAMONTE SPRINGS

400110746024
10/12/07--01068--007 **158.75

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:

Melanie Monzadeh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELANIE MONZADEH

10-10-07

Date

407-509-3121

Daytime Phone #

10124 AD