# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Sep 21, 2006**
**Secretary of State**

DOCUMENT# P04000132376

**Entity Name:** MELI PHARMACY & SUPPLIES, INC.

**Current Principal Place of Business:**

1432 4TH AVENUE
HIALEAH, FL 33010

**New Principal Place of Business:**

1432 E. 4TH AVENUE
HIALEAH, FL 33010

**Current Mailing Address:**

1432 4TH AVENUE
HIALEAH, FL 33010

**New Mailing Address:**

1432 E. 4TH AVENUE
HIALEAH, FL 33010

**FEI Number: 20-1649870** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PENA ALCOLEA, ELIADES
1432 4TH AVENUE
HIALEAH, FL 33010 US

**Name and Address of New Registered Agent:**

PENA ALCOLEA, ELIADES
1432 E. 4TH AVENUE
HIALEAH, FL 33010 US

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.

SIGNATURE: ELIADES PENA ALCOLEA 09/21/2006
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete
Name: PENA ALCOLEA, ELIADES
Address: 1432 4TH AVENUE
City-St-Zip: HIALEAH, FL 33010

Title: D ( ) Delete
Name: PENA ALCOLEA, ELIADES
Address: 1432 4TH AVENUE
City-St-Zip: HIALEAH, FL 33010

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVST (X) Change ( ) Addition
Name: PENA ALCOLEA, ELIADES
Address: 1432 E. 4TH AVENUE
City-St-Zip: HIALEAH, FL 33010

Title: D (X) Change ( ) Addition
Name: PENA ALCOLEA, ELIADES
Address: 1432 E. 4TH AVENUE
City-St-Zip: HIALEAH, FL 33010

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIADES PENA ALCOLEA D 09/21/2006
Electronic Signature of Signing Officer or Director Date