

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000088732

1. Corporation Name

MELO & DINIZ CLEANING SERVICES, INC.

2. Principal Office Address - No P.O. Box #  
3255 TAMARA DR

3. Mailing Office Address  
3255 TAMARA DR

Suite, Apt. #, etc.  
3

Suite, Apt. #, etc.  
3

City & State  
NAPLES, FL

City & State  
NAPLES, FL

Zip Country  
34109 US

Zip Country  
34109 US

**7. Name and Address of Current Registered Agent**

Name  
TAX HOUSE CORPORATION

Street Address (P.O. Box Number is Not Acceptable)  
1100 S FEDERAL HWY

Suite, Apt. #, Etc.  
2ND FLOOR

City  
DEERFIELD BEACH

State Zip Code  
FL 33441

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

REGISTERED AGENT MUST SIGN

Date 08/06/2009

**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	MARCELO DINIZ	3255 TAMARA DR # 3	NAPLES, FL 34109
V	RENATA C AGUIAR	3255 TAMARA DR # 3	NAPLES, FL 34109

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

239-514-0745

Daytime Phone #

FILED

09 AUG 11 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200159469302  
08/11/09--01024--014 \*\*450.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified  
To Do Business in Florida 06/21/2005

5. FEI Number  
20-3032485

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.