PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT FILED 3/5/12 KRC
2008-2012

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000090441

1. Corporation Name

Rochelle Melotek, PHD P.A.

500223789915
03/05/12--01014--016 **1350.00

03/05/12--01014--016 **1350.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
443 Plaza Real #275	443 Plaza Real #275
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Boca Raton	Boca Raton
City & State	City & State
Florida	Florida
Zip / Country	Zip / Country
33432 / Palm Beach	33432 / Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida 8/10/2007

5. FEI Number
None
☐ 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
Rochelle Melotek

Street Address (P.O Box Number is Not Acceptable)
6398 N.W. 26th Terrace

Suite, Apt. #, Etc.

City	State	Zip Code
Boca Raton	FL	33496

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12 MAR -5 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Signature of Registered Agent Rochelle Melotek Date 3/1/12
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
P, Pres.	Rochelle Melotek	443 Plaza Real #275	Boca Raton FL 33432

10. **E-mail Address:** _____
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Rochelle Melotek Rochelle Melotek 3/1/12 561-213-7256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #