

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAY 17 AM 11:43

DOCUMENT # P08000012787

1. Corporation Name

MELOPSYCH & Counseling Services, Inc.

2. Principal Office Address - No P.O. Box #

16261 SW 97th Terr

Suite, Apt. #, etc.

3. Mailing Office Address

16261 SW 97th Terr

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33196

Country

US

Zip

33196

Country

US

100180987551  
05/17/10--01060--007 \*\*300.00

CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

2/4/08

5. FEI Number

26-1909788

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

Evelyn Melo

Street Address (P.O. Box Number is Not Acceptable)

16261 SW 97th Terraco

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33196

PROFIT CORPORATIONS ONLY  
☒ The \$600.00 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

Evelyn Melo

REGISTERED AGENT MUST SIGN

Date

05/13/10

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	Evelyn Melo	16261 SW 97th Terr	MIAMI FL 33196
VP	Joan Barredo	16261 SW 97th Terr	MIAMI FL 33196

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10. E-mail Address:

melo psych@yahoo.com

(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., 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.

SIGNATURE:

Evelyn Melo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/13/10

Date

Daytime Phone #