

PLEASE READ ALL INSTRUCTIONS BEFORE

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 01 1999 8:00 am
Secretary of State

DOCUMENT # **P92000012063**

1. Corporation Name

MELSIX CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4361 NW 182ND ST MIAMI FL 33055	4361 NW 182ND ST MIAMI FL 33055



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/15/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0379422	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	SIGLER, LEONARDO	4361 NW 182ND STREET	MIAMI FL
VST	SIGLER, SIXTO R.	4361 NW 182ND ST	MIAMI FL

REINSTATEMENT 99
100003040361--1
-11/09/99--01097--004
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIGLER, ANA L 2491 NW 7TH ST MIAMI FL 33125	Name Leonardo Sigler	
	Street Address (P.O. Box Number is Not Acceptable) 4361 NW 182 ST	
	Suite, Apt. #, Etc. N/A	
	City Miami	State Zip Code FL 33055

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent <i>Leonardo Sigler</i>	Date 10/28/99
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REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b). 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:

Ana L Sigler Vice President **10/12/99** **305 624-8493**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #