

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 NOV 21 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 93000015507

1. Corporation Name

ME INVESTMENTS, INC.

~~W47-26323~~

Principal Place of Business

Mailing Address

1368 Harbor Drive  
Sarasota, FL 34239

300002361399--6  
-12/02/97--01100--003  
\*\*\*\*915.00 \*\*\*\*915.00

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 3/1/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
65-0394335

Applied For  
Not Applicable

City & State

City & State

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

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Michael G. Edgecombe	1368 Harbor Drive	Sarasota, FL 34239
P/S	Michael G. Edgecombe	1368 Harbor Drive	Sarasota, FL 34239

REINSTATEMENT

96  
(94)  
G. Alan  
11/21/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Barbara Edgecombe  
1368 Harbor Drive  
Sarasota, FL 34239

Name  
E. JOHN LOPEZ  
Street Address (P.O. Box Number is Not Acceptable)  
1819 Main Street  
Suite, Apt. #, Etc.  
Suite 610  
City  
Sarasota  
State  
FL  
Zip Code  
34236

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 *E. John Lopez*  
REGISTERED AGENT MUST SIGN

Date 11-24-97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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)(i), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Michael G. Edgecombe

11-17-97  
Date  
941-951-1368  
Daytime Phone #