

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -3 AM 10:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 9940000 19594

1. Corporation Name

MICHELE ENTERPRISES INC.

REINSTATEMENT 01-07

800021762978

12/03/03--01034--015 **300.00

07-24-03 01042 002 \$150.00

2. Principal Office Address

1900 OKEECHOBEE BLVD.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL.

Zip

33409

Country

USA

3. Mailing Office Address

1900 OKEECHOBEE BLVD.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL.

Zip

33409

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/08/1994

5. FEI Number

65-0490386

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

ROBERT SLATER

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

214 BRAZILIAN AVE

Suite, Apt. #, Etc.

City

PALM BEACH

State

FL

Zip Code

33480

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

R. Slater

REGISTERED AGENT MUST SIGN

Date

11-24-03

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
PR.	NICK KELEFAS	1900 OKEECHOBEE BLVA	WEST PALM BEACH, FL 33409
TR.	MICHAEL KELEFAS	1900 OKEECHOBEE BLVA	WEST PALM BEACH FL 33409

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 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:

Nick Kelefas

NICK KELEFAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-24-03

Daytime Phone #

561-471-3155

CR2E081 (10/02)