

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN -1 AM 11:08

DOCUMENT # **P95000025685**

1. Corporation Name

MELILLI TIRE & STORE INC.

2. Principal Office Address **5440**

GRAND PALM CIRCLE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FLA

City & State

Zip

33484

Country

USA

Zip

Country

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

3-28-95

SP

5. FEI Number

650576391

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

JOHN MELILLI ~~SAME AS ABOVE~~

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

5440 GRAND PALM CIRCLE

Suite, Apt. #, Etc.

000004435210-2

City

DELRAY BEACH

State

FL

06/21/01 01059-016

*****500.00 *****900.00**

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

John Melilli
REGISTERED AGENT MUST SIGN

Date

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
	JOHN MELILLI		
SP	JOHN MELILLI	5440 GRAND PALM CIRCLE	DELRAY BEACH FLA 33484
U/O	JOHN MELILLI	5440 GRAND PALM CIRCLE	" " " "
P/U/O	JOHN MELILLI	5440 GRAND PALM CIRCLE	" " " "

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:

John Melilli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-19-01

Daytime Phone #

561-637-9321