

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000026529

1. Corporation Name

MELA ENTERPRISES, CORP.

2. Principal Office Address

575 West 28th Street

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33010

Country

Miami-Dade

3. Mailing Office Address

575 West 28th Street

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33010

Country

Miami-Dade

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200061115692
11/02/05--01031--011 **150.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0693496

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

Gabino A. Dorta

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

575 West 28th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33010

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

X

Date 10/21/05

REGISTERED AGENT MUST SIGN

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
D	Gabino A. Dorta	575 West 28th Street	Hialeah, FL 33010
S	Mirta Dorta	575 West 28th Street	Hialeah, FL 33010

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/05

Daytime Phone #

Mela Enterprises, Corp.

575 West 28th Street
Hialeah, Florida 33010

October 21, 2005

Division of Corporation
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We are sending our 2005 Uniform Business Report Late, because we moved from our previous address and we never received your notification to be able to file it on time.

Please wave your late payment penalty fee this time, since our payment has been unintentionally late.

Thank you for your cooperation in this matter.

Best regards,



Gabino A. Dorta
Director

Cc: File