



# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P97000000620</b> 1. Entity Name <b>MELVIN &amp; THARA, INC.</b>						<b>FILED</b> 05 OCT 18 PM 3:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA <b>REINSTATEMENT</b> 05 	
Principal Place of Business <b>9230 KINGS RIDGE DRIVE TAMPA, FL 33637</b>				Mailing Address <b>9230 KINGS RIDGE DRIVE TAMPA, FL 33637</b>			
2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3416517</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		40112005 REIN-P CR2E098 (6/04)	
City & State		City & State		City		Zip Code	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>THOMAS, JAMES 9230 KINGS RIDGE DR TAMPA, FL 33637</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u><i>James Thomas</i></u> <b>JAMES THOMAS</b> <u>10/6/05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSTD			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS, JAMES			NAME	<b>200060697422</b>		
STREET ADDRESS	9230 KINGS RIDGE DRIVE			STREET ADDRESS	<b>10/18/05--01012--011 **758.75</b>		
CITY-ST-ZIP	TAMPA, FL 33637			CITY-ST-ZIP			
TITLE	D			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACOB, TOMY			NAME			
STREET ADDRESS	9230 KINGS RIDGE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33637			CITY-ST-ZIP			
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>James Thomas</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>10/6/05</u> 813-988-3150 <small>Daytime Phone #</small>			