

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 21 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MBR
0102

DOCUMENT # 097000638978

1. Corporation Name

Mel's Cycles & SALES INC.
15642 Countyline ROAD.
Springhill FL 34610

2. Principal Office Address

15642 Countyline RD SAH FL- 34610

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Springhill

City & State

FL

Zip

34610

Country

PRSC

Zip

34610

Country

PRSC

4. Date Incorporated or Qualified
To Do Business in Florida

4-30-1997

5. FEI Number

65-0765937

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

MARY RHECH

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

6783 Trechard DR

Suite, Apt. #, Etc.

Springhill FL

City

400005677744-0

-06/04/02--01060--019

****300.00 ****300.00

State
FL

Zip Code

34610

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/7/02

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
Pres			
Trs	<i>[Signature]</i>	15642 CLA.	Springhill FL 34610
Sec			
Vpn			

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/02

Date

Daytime Phone #

CR2ED81 (9/01)

2 of 2
AS Per Our Conversation on 5-8-02 My Mon panel
Brian Smith 2001 did not get the Corp. Papers.

So please we have opened this business yet
but will soon 8-0-02 Please restate this Corp
and send me the Corp papers to new address.

15604 County Line Rd Spring Hill FL 34610

Thanks
R. Welch

57102

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314