

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
DIVISION OF CORPORATIONS

00 APR -5 PM 12:08

DOCUMENT #

997000058663

1. Corporation Name

Mello Kardia, Inc

WOO - 8557

2. Principal Office Address

9274 Yashuntafun Rd

Suite, Apt. #, etc.

3. Mailing Office Address

9274 Yashuntafun Rd

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32311

Country

US

City & State

Tallahassee FL

Zip

32311

Country

US

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

5/6/1998

5. FEI Number

59-3633683

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

Karen Veenstra

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

9274 Yashuntafun Rd

Suite, Apt. #, Etc.

700003208527-9

04/14/00 - 01000 - 003

***1050.00 ***1050.00

City

Tallahassee, FL 32311

State

FL

Zip Code

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

Karen C Veenstra

REGISTERED AGENT MUST SIGN

Date

3/23/2000

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
President	Karen Veenstra	9274 Yashuntafun Rd	Tallahassee FL 32311
Treasurer	Dean Veenstra	9274 Yashuntafun Rd	Tallahassee FL 32311

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:

Karen C Veenstra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN C. VEENSTR

Date

Daytime Phone #

4/1/00 (850) 878-9422

CR2E081 (9/99)