

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 OCT 19 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000067012

1. Corporation Name

3217 U.S. ALT. 19, INC.

Principal Place of Business

1128 US ALT 19 N  
HOLIDAY FL 34691  
US

Mailing Address

1128 US ALT 19 N  
3217 U.S. ALTERNATE 19 NORTH  
HOLIDAY FL 34691

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/04/1997

5. FEI Number

50-3461229

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MELANDINOS, GEORGE	2428 PARK STREAM AVENUE	CLEARWATER FL 34619

100003029701--3  
-10/29/99--01085--007  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

MELANDINOS, GEORGE  
2428 PARK STREAM AVENUE  
CLEARWATER FL 34619

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*George Melandinos*

REGISTERED AGENT MUST SIGN

Date 10-13-99

11. 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:

*George Melandinos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-99  
Date

(937) 937-3008  
Daytime Phone #

KE

10-13-99

To Whom It May Concern,

This letter is to inform you that 3217 US ALT 19 Inc. is sending in their reinstatement fee and form. We had not received any of the reminder documents. The documents were sent to a non-existing address. Our address is not 3217 US ALT 19, it is 1128 US ALT 19. The documents were sent to 3217 US ALT 19, which is the name of the corporation, not the address. Please take the above into consideration when administering the reinstatement fee.

Thank You for Your Consideration,

*George Melandinos*

George Melandinos

3217 US ALT 19 INC.  
1128 US ALT 19 N  
Holiday, Florida 34691  
(727) 937-3228