

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 19 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000036983**

1. Corporation Name

MELONE'S QUALITY ITALIAN BAKERY, INC.

700012779157  
02/19/03--01020--004 \*\*\*458.75

2. Principal Office Address

**2524 FOWLER STREET**

Suite, Apt. #, etc.

3. Mailing Office Address

**2524 FOWLER STREET**

Suite, Apt. #, etc.

City & State

**FORT MYERS, FL.**

City & State

**FORT MYERS, FL.**

Zip

**33901**

Country

**US**

Zip

**33901**

Country

**US**

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/1/1998**

5. FEI Number

**65-0889004**

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

**MELONE, ROBERT W.**

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

**2524 FOWLER STREET**

Suite, Apt. #, Etc.

City

**FORT MYERS**

State  
**FL**

Zip Code  
**33901**

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

*Robert W. Melone*

REGISTERED AGENT MUST SIGN

Date **2/7/2003**

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	MELONE, ROBERT W.	<b>2524 FOWLER STREET</b>	<b>FORT MYERS, FL. 33901</b>

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:

*Robert W. Melone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2003

Date

(239) 482-0005

Daytime Phone #

CR2E081 (10/02)

2/2/20

*MELONE'S QUALITY ITALIAN BAKERY, INC.*

2425 FOWLER STREET

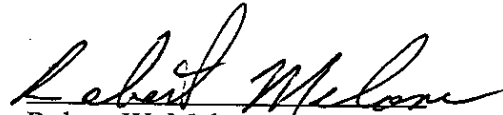
Fort Myers, Florida 33901

Phone: (239) 482-0005

February 7, 2003

Attn: To Whom it May Concern;

~~This letter is to inform you that I moved from my McGregor office in May of 2000. A~~  
~~letter was sent to notify you of this address change. We apologize if it was not received.~~  
We are sending this reinstatement form with a check for \$450.00 as instructed by  
personnel in your office. Thank you for your cooperation. If you have any further  
questions please feel free to contact us, thanks.

  
Robert W. Melone