

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN -2 AM 9:06

ALLAHADIEE, FLORIDA

DOCUMENT # P98000039750

1. Corporation Name

Melisse Spring P.A.

2. Principal Office Address

141d Dance Avenue

Suite, Apt. #, etc.

1

City & State

Tampa FL

Zip

33606

Country

USA

3. Mailing Office Address

P.O. BOX 10873

Suite, Apt. #, etc.

1

City & State

Tampa FL

Zip

33606

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593 51 3941

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

99-007

7. Name and Address of Current Registered Agent

Name

Melisse C. Spring

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

141d Dance Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

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

Melisse C. Spring

REGISTERED AGENT MUST SIGN

Date 12-28-06

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.	Melisse C. Spring	141d Dance Ave.	Tampa, FL 33606

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melisse C. Spring

Date

12-28-06 813 6956450

Daytime Phone #