

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 11:52

DOCUMENT # P98000090289

1. Corporation Name

MELPAK, INC.

Principal Place of Business

Mailing Address

13727 SW 152 STREET
MIAMI FL 33177

13727 SW 152 STREET
MIAMI FL 33177



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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0871720

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVTD	KAPLAN, LARRY	13727 SW 152 STREET	MIAMI FL 33177
SD	KAPLAN, ELISE	13727 SW 152 STREET	MIAMI FL 33177

000004653938-0
-10/25/01--01081--004
****150.00 ****150.00

10/25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~BENJAMIN, JEFFREY S~~
~~9350 S DIXIE HWY PH 2~~
~~MIAMI FL 33156~~

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

33181

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/12/01

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/01

Date

(305) 255-6480

Daytime Phone #

CR2E040 (8/01)

MELPAK, INC.
13727 SW 152 ST
MIAMI, FL 33177

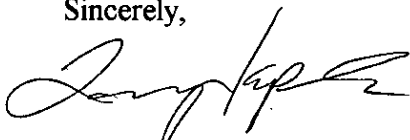
10/12/2001

To Whom It May Concern:

I called your office as soon as I received the notice for dissolution. I have gone through all my files to see if I had misplaced the bill and it is not anywhere in my files, nor was it entered into Quickbooks for payment. I do not remember ever seeing the current bill and I do not believe that it was ever received. I am current on all my tax payments and would not have misplaced this one. As per your office's instructions I have enclosed a check for \$150.00.

Thank you for your consideration in this matter.

Sincerely,



Larry Kaplan