

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION  
REINSTATEMENT**



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

02 MAR 22 PM 1:42

**DOCUMENT #** P98000104971

**1. Corporation Name**

MELLO'S GAMES, CO.

**2. Principal Office Address**

4757 NW 72 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip 33166

Country US

**3. Mailing Office Address**

8201 NW 66 STREET

Suite, Apt. #, etc.

SUITE 3

City & State

MIAMI, FLORIDA

Zip 33166

Country US

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/18/1998

**5. FEI Number**

65-0884409

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

DE MELLO, VIEIRA, HAYLTON

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

4757 NW 72 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code  
33166

**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

REGISTERED AGENT MUST SIGN

Date

03/19/2002

**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
PVST	DE MELLO, VIEIRA HAYLTON	4757 NW 72 AVENUE	MIAMI, FL 33166

**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:**

DE MELLO, VIEIRA HAYLTON 3/19/02 305-597-4511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)