PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR -8 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000093502

1. Corporation Name
Megchad, Inc
P99000093502

900051205729
04/19/05--01044--020 **908.75

900051205729
04/19/05--01044--020 **8675.00

2. Principal Office Address	3. Mailing Office Address
602 W Keysville Rd Unit #15	602 W Keysville Rd Unit #15
Suite, Apt. #, etc. Unit #15	Suite, Apt. #, etc. Unit #15
City & State Plant City FL	City & State Plant City FL
Zip 33567 Country Hillsbourgh	Zip 33567 Country Hillsbourgh

4. Date Incorporated or Qualified To Do Business in Florida 10-21-99

5. FEI Number 593608104 ☐ 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
HAROLD J MYERS JR

Street Address (P.O. Box Number is Not Acceptable)
280 MOCCASIN HOLLOW Rd

Suite, Apt. #, Etc.

City LITHIA State FL Zip Code 33547

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 _____ Date 4-4-2005
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
DP	HAROLD J MYERS	280 Moccasin Hollow ~~Lithia 33547~~	Lithia FL 33547
ST	STACEY A MYERS	280 Moccasin Hollow	Lithia FL 33547
		REINSTATEMENT	

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.

813-626-4290 x14
967-6316 cell

SIGNATURE: _____ 4-4-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To: Florida Department of State

From: MegChad Inc. P99000093502 813-626-4290x14office 813-967-6316cell

Re: Reinstatement

I am writing this letter make you aware that I never have received a annual report to complete at my place of business. My postal carrier will NOT deliver mail to me, if so much as a misspelling is present in the address or name. I don't know how it happened or whose fault it is but I would like you to waive a portion of the reinstatement fee. I spoke to a clerk on the phone who advised me to write a letter and enclose a check.

Reinstatement fee	$600	—— waived per clerk
Certificate	$ 8.75	
Annual Report	$ 61.25	} x 6 = $900
Corporate Supplemental	$ 88.75	
Total	~~$758.75~~ 908.75	check enclosed.

Please verify the address and name

MEGCHAD, INC.
602 W Keysville Rd
Unit#15
Plant City, FL 33567

Harold J Myers

Director, President