

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG 13 PM 2:41

DOCUMENT # **995000079295**

1. Corporation Name

Mesua, Inc.
PO BOX 143256
Coral Gables, FL 33114

KS

2. Principal Office Address - No P.O. Box #

1900 Brickell Ave

3. Mailing Office Address

PO BOX 143256

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Coral Gables FL

Zip

Country

33129

Zip

Country

33114

USA

4. Date Incorporated or Qualified To Do Business in Florida

10/16/1995

5. FEI Number

65-0628791

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

Alex Martinez

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

300 Aragon Ave

Suite, Apt. #, Etc.

#265

City

Coral Gables

State

FL

Zip Code

33134

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

6/18/10

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
PSD	Jorge Suarez-Menendez	PO BOX 143256	Coral Gables, FL 33114

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify 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:

[Handwritten Signature]

Jorge Suarez-Menendez

Date

6/18/10

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

900182526939
06/23/10--01026--001 **750.00

REINSTATEMENT 07-10

900182526939
08/16/10--01001--011 **450.00