

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 APR -6 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 624821

1. Corporation Name

MEKSE'S ENTERPRISES CORPORATION

Principal Place of Business

Mailing Address

777 NW 72ND AVE  
SUITE ~~3F2~~ 3F2  
MIAMI FL 33126

777 NW 72ND AVE  
SUITE ~~3F2~~ 3F2  
MIAMI FL 33126

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

Suite, Apt. #, etc.

3F2

Suite, Apt. #, etc.

777 NW 72 AVE  
3F2

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33126 MIAMI-DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

07/18/1979

5. FEI Number

59-1929340

Applied For

Not Applicable

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
P	MEKSE, GEORGE P	777 NW 72ND AVE STE <del>3F2</del> 3F2	MIAMI FL 33126

400031853664  
04/06/04---01009---017 \*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEKSE, GEORGE P  
777 NW 72ND AVE  
SUITE ~~3F2~~ 3F2  
MIAMI FL 33126

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*George Mekse*  
REGISTERED AGENT MUST SIGN

Date 3/24/04

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:

*George Mekse*  
George Mekse

Date

Daytime Phone #

3/24/04 305-264-1609

CR2E040 (7/03)