

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000001210

1. Corporation Name

MESA INDUSTRIES, INC.

FILED

99 FEB -1 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1500 LEXINGTON AVE DELAND FL 32724	Mailing Address 2507 S UNIROYAL ROAD 1208 Eastchester Dr. OPELIKA AL 36803-2307 High Point, NC US Suite 116 27265 us
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If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable Same		3. New Mailing Office Address, If Applicable 1208 Eastchester Dr. Suite, Apt. #, etc. 116		4. Date Incorporated or Qualified To Do Business in Florida 03/10/1994	
Suite, Apt. #, etc.		City & State High Point NC		5. FEI Number 63-0739417	
City & State		Zip 27265		Country USA	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 98-99

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
C	PICK, LEWIS A III	120 MITCHAM AVE	AUBURN AL
VC	ELLIOTT, ROBERT L	1309 MORRIS AVE	OPELIKA AL
PT	SCOTT, PAUL G	2507 S UNIROYAL RD 1208 Eastchester Dr. High Point	OPELIKA AL High Point, NC 27265
SD	GILBERT, RAY W JR John R. Jenkins, Jr.	2507 S UNIROYAL RD 1208 Eastchester Dr. Suite 116	OPELIKA AL High Point, NC 27265
			000002766230--3 -02/05/99--01093--001 ****900.00 ****900.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SARMIENTO, BEN 1500 LEXINGTON AVE DELAND FL 32724		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.

Signature of Registered Agent Ben Sarmiento Date 01/28/99

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: John R. Jenkins, Jr. Date 1/28/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)