

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000005907

1. Corporation Name

M.E.C. PERSONNEL CONSULTANTS, INC.

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

2645 EXECUTIVE PARK DR

Suite, Apt. #, etc.

SUITE 114

City & State

WESTON, FL

Zip

33331

Country

US

3. Mailing Office Address

431 STEPHENSON HWY

Suite, Apt. #, etc.

City & State

TROY, MI

Zip

48083-1130

Country

US

**7. Name and Address of Current Registered Agent**

Name

PETER GENOVICH

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

2645 EXECUTIVE PARK DRIVE

Suite, Apt. #, Etc.

SUITE 114

City

WESTON

State

FL

Zip Code

33331

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 11/4/08

**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
PRE	GEORGE OPITZ	431 STEPHENSON HWY	TROY, MI 48083
SEC	DAVID CHERNOW	431 STEPHENSON HWY	TROY, MI 48083
VP	AARON CHERNOW	431 STEPHENSON HWY	TROY, MI 48083
TRE	LEONARD TROTTA, JR	431 STEPHENSON HWY	TROY, MI 48083

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 contained in Chapter 119, 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:

LEONARD TROTTA, JR

10/30/2008

248-577-1803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 NOV 10 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

300137787223  
11/10/08--01041--003 \*\*150.00

CR2E081 (10/08)

4. Date Incorporated or Qualified  
To Do Business in Florida 1994

5. FEI Number  
38-3171298

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.