

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 18 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000004442

1. Corporation Name

MECCA TECH, INC.

Principal Place of Business

2101 AURELIUS RD. STE 4
HOLT MI 48842-1380

Mailing Address

2101 AURELIUS RD. STE 4
HOLT MI 48842-1380



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/1999

5. FEI Number

38-3193151

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	MULHOLLAND, JIM	1451 EAST LANSING DR, #218	EAST LANSING MI
V	CATALDO, PETE	8175 SHORE SIDE DR.	TRAVERSE CITY MI
S	ENGLAND, JIM	10950 M-52	MANCHESTER MI
T	PIENTON, JOE	PO BOX 121	MANISTEE MI
			300003576603--6 -01/26/01--01060--003 *****758.75 *****758.75

8. Name and Address of Current Registered Agent

RUSS, MARY N
12 DESMOND ST.
CRAWFORDVILLE FL 32327

9. Name and Address of New Registered Agent

Name

Dennis DuCap

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

7702 NAPLES HERITAGE DR.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34112

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/6/00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GARY W. KANGE, CEO James W. England CEO

Date 11/6/00

Daytime Phone #

517-644-2200

Date 12/15/00

517-644-2200

CR2E040 (8/00)