


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F99000004442

1. Corporation Name

MECCA TECH, INC.

Principal Place of Business

Mailing Address

~~2101 AURELIUS RD. STE 4~~
HOLT MI 48842-1380

~~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.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~2101 N. Aurelius Rd, Ste 4~~
City & State

~~2101 N. Aurelius Rd, Ste 4~~
City & State

Zip

Country

Zip

Country

REINSTATEMENT

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 Switzer, Ralph	10050 M 52 825 Victors Way, Suite 350	MANCHESTER MI Ann Arbor, MI 48108
T	PIENTON, JOE Pienta, Joe	PO BOX 121 P.O. Box 121	MANISTEE MI Manistee, MI 49660
C	Gibson, W. Rex	3461 E. North Union Rd.	Bay City, MI 48706
D	Sam Eyde	2800 Byron Circle	Lansing, MI 48912

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

12-7-01

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-7-01

577-694-2200

CR2E040 (8/01)