

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY 21 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H33699

1. Corporation Name
MECCA REAL ESTATE CORPORATION
1198-10993

Principal Place of Business Mailing Address
1402 South Federal Hwy Lake Worth, FL 33460

900002532799-- 1
-05/22/98--01016--005
***1050.00 ***1050.00

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

2. Prev. Principal Office Address, If Applicable
3. New Mailing Office Address, If Applicable
State, Apt. #, etc.
City & State

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number 59-2642645
Applied For Not Applicable

Table with 4 columns: Title, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City/State/Zip. Row 1: PSTD, PEKKA MARTIKAINEN, 1402 South Federal Highway, Lake Worth, FL 33460.

REINSTATEMENT 9/6-98
5-21-98

6. Name and Address of Current Registered Agent
Eugene M. Underberg
521 Lake Avenue, Ste #11
Lake Worth, Florida 33460

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
State, Apt. #, Etc.
City State Zip Code
FL

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
Date 4/30/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [] No [X]

12. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 of 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 118.07(3)(a), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/30/98
City/State/Phone #