

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 13 PM 3:03

SEC.
TALLA

DOCUMENT # K-43102

1. Corporation Name

MEKA ASSOCIATES INC

2. Principal Office Address

3070 MARCOS DR

Suite, Apt. #, etc.

SUITE 107

City & State
AVENTURA FL

Zip
33160

Country
DADE

3. Mailing Office Address

3070 MARCOS DR

Suite, Apt. #, etc.

SUITE 107

City & State
AVENTURA FL

Zip
33160

Country
DADE

REINSTATEMENT 89-07
CF2E0812/05

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

Nov 3, 1988

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MILTON SAMUELS

Street Address (P.O. Box Number is Not Acceptable)
3070 MARCOS DR SUITE 107

Suite, Apt. #, Etc.
SUITE 107

City
AVENTURA

State
FL

Zip Code
33160

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 Milton Samuels

Date 11/1/06

REGISTERED AGENT MUST SIGN

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
Pres	K WILLIAMS	3070 MARCOS DR SUITE 107	AVENTURA FL 33160
Sec	M WILLIAMS	3070 MARCOS DR SUITE 107	AVENTURA FL 33140

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12/12/06 01057 008 **3042.50

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:

Milton Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-1-06 786-444-6667

Date

Daytime Phone #