



# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

OCT -9 AM 10:00

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # L04000013184</b><br>1. Entity Name<br><b>MECA INVESTMENTS, LLC</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>376 CADDIE DRIVE<br/>DEBARY, FL 32713</b>  |  |  | Mailing Address<br><b>376 CADDIE DRIVE<br/>DEBARY, FL 32713</b> |  |  |
| 2. Principal Place of Business<br><b>1123 HERON POINT WAY</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>1123 HERON POINT WAY</b><br>Suite, Apt. #, etc.                                   |   |    |  |
| City & State<br><b>DELAND FL</b>   |  | City & State<br><b>DELAND FL</b>   |   | 4. FEI Number<br><b>20-0826523</b>   |  |
| Zip<br><b>32724</b>  |  | Country<br><b>VOLUSIA</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TAEGER, MELODY<br/>376 CADDIE DRIVE<br/>DEBARY, FL 32713</b>   |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |  |  |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |  |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$50.00<br/>After January 1, 2007, Fee will be \$100.00</b>  |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |   | Make check payable to<br><b>Florida Department of State</b>  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br><b>TAEGER, MELODY<br/>376 CADDIE DRIVE<br/>DEBARY, FL 32713</b>   | <input type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>600080645156<br/>10/10/06--01009--008 **\$0.00</b> |  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>REINSTATEMENT 2006</b>                             |  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |  |   |  |  |
| SIGNATURE <u>Melody Traeger</u> <b>MELODY TAEGER</b> 10/4/06 386 956-9612<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>   |  |  |   |  |  |