


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

CORPORATION

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

FILED

02 FEB -1 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500004912585--4

-02/12/02--01075--006

****150.00 ****150.00

500004912585--4

-02/12/02--01075--005

****150.00 ****150.00

DOCUMENT # L 48458

1. Corporation Name

MEEKER INDUSTRIES, INC

2. Principal Office Address

1445 NW 9th STREET

Suite, Apt. #, etc.

City & State

DANIA BEACH, FLORIDA

Zip

33044

Country

USA

3. Mailing Office Address

1445 NW 9th STREET

Suite, Apt. #, etc.

City & State

DANIA BEACH, FLORIDA

Zip

33044

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-2-1990

5. FEI Number

65-0174438

Applied For -

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL JOHN MEEKER

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

1445 N.W. 9th STREET

Suite, Apt. #, Etc.

City

DANIA BEACH

State

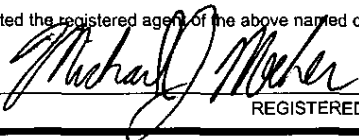
FL

Zip Code

33044

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



REGISTERED AGENT MUST SIGN

Date

12/28/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

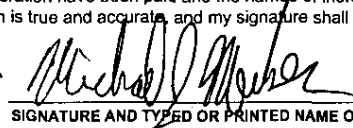
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	MICHAEL JOHN MEEKER	1445 N.W. 9th STREET	DANIA BEACH, FL 33044

01482

78

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/01

Date

954-931-5825

Daytime Phone #

CR2E081 (9/01)

Paperwz

December 28, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Enclose please find a check for \$150.00 to have my corporation reinstated. I did not receive a Uniform Business Report which was mailed to my prior address which was 139 Fox Meadow Run, Jupiter, FL 33458. I have also completed a reinstatement form and would like to verify that you have my correct address.

Thank you,



Meeker Industries, Inc.
1445 N.W. 9th Street
Dania Beach, FL 33440