PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0000006413

1. Corporation Name

MESA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

5087 COUNTRY BROOK DRIVE

SIGNATURE:

5087 COUNTRY BROOK DRIVE COOPER CITY FL 33330

COOPER CITY FL 33330 2 UB 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 Date Incorporated or Qualified To Do Business in Florida 01/20/2000 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0982801 City & State City & State Not Applicable 6. Country Zip Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director D MESA, CARMEN J 5087 COUNTRY BROOK DRIVE COOPER CITY FL 33330 100008593051 10/25/02--01054--022_**150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 State 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. or 617.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the respirar 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

Date

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jak

FILED

02 OCT 25 PM 4: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA



MESA ENTERPRISES, INC. 5087 Country Brook Drive Cooper City, FL 33330 (954) 680-2690

October 23, 2002

Florida Department of State Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Re: Document # P00000006413

To Whom It May Concern:

On Tuesday, October 22, I received a notice advising me that my corporate status has been revoked for failure to submit the annual report/uniform business report.

As I mentioned to the representative that I called from your department, this is the first notice I have received with regard to this report. No other notices were ever received at the above address. I was told to write a letter requesting that the reinstatement fee be waived due to my not having received any prior notification. I handle all the corporate papers myself or turn them over to my accountant. I would not have let this very important document go unattended.

Also, I have not been able to reach the Registered Agent listed, Filings Inc. There is no telephone number or such company listed in the telephone directory or through the directory assistance operator. The representative I spoke to also informed me that I can change the registered agent to anyone, including myself, and I have done so.

I have enclosed a check in the amount of \$150.00 as instructed by the representative I spoke to. I hope that this will reinstate my corporation to active status.

Please advise me of my status at your earliest convenience. Thank you for your attention to this matter.

Sincerely,

Carmen J. Mesa

President/Owner