

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000114721

Entity Name: MEKARA INC.

FILED
Feb 06, 2009
Secretary of State

Current Principal Place of Business:

3251 NW 183 STREET
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

3251 NW 183 STREET
MIAMI, FL 33056

New Mailing Address:

FEI Number: 65-1081900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUCERA, RAPHAEL
3251 NW 183 STREET
MIAMI, FL 33056 US

Name and Address of New Registered Agent:

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.

SIGNATURE: RAPHAEL NUCERA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: NUCERA, RAPHAEL
Address: 3251 NW 183 STREET
City-St-Zip: MIAMI, FL 33056

Title: VPD () Delete
Name: NUCERA, RAPHAEL
Address: 3251 NW 183 STREET
City-St-Zip: MIAMI, FL 33056

Title: PTS () Delete
Name: NUCERA, RAPHAEL
Address: 3251 NW 183 STREET
City-St-Zip: MIAMI, FL 33056

Title: VPD () Delete
Name: NUCERA, RAPHAEL
Address: 3251 NW 183 STREET
City-St-Zip: MIAMI, FL 33056

Title: PTS () Delete
Name: NUCERA, RAPHAEL
Address: 3251 NW 183 STREET
City-St-Zip: MIAMI, FL 33056

Title: VPD () Delete
Name: NUCERA, RAPHAEL
Address: 3251 NW 183 STREET
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAPHAEL NUCERA

PTS

02/06/2009

Electronic Signature of Signing Officer or Director

Date