

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 3: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000038739

1. Corporation Name

M CEKS INC

Principal Place of Business

1021 NE 26TH TERRACE  
POMPANO BEACH FL 33062

Mailing Address

1021 NE 26TH TERRACE  
POMPANO BEACH FL 33062

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1021 NE 27 Terrace  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/17/2001

5. FEI Number

651099124

Applied For

Not Applicable

City & State

Pompano Beach FL  
Zip 33062 Country USA

City & State

Zip Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	Christine KARAFA	1021 NE 27 Terrace	Pompano Beach FL 33062

900008575419

10/24/02--01086--015 \*\*150.00

8. Name and Address of Current Registered Agent

KARAFA, CHRISTINE  
1021 NE 26TH TERRACE  
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name Christine KARAFA  
Street Address (P.O. Box Number is Not Acceptable)  
1021 NE 27 Terrace  
Suite, Apt. #, Etc.  
City Pompano Beach FL Zip Code 33062

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/21/02

11. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARAFA 10/21/02

Date

Daytime Phone #

954-784-5143

202

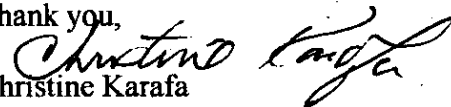
October 21, 2002

Florida Department of State  
Jim Smith  
Secretary of State  
Division of Corporation

Please find the attached application for reinstatement and a check in the amount of \$150.00.

I apologize for the inconvenience, I did not receive any prior notification regarding this matter it looks like the wrong address is on the form. If any additional information is needed, please let me know.

Thank you,

  
Christine Karafa  
M CEKS, Inc  
EIN 651099124