PLEASE_READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT DOCUMENT # P01000 1. Corporation Name MEC Des		FILED 05 APR - 1 AHII: 47 SECRETARY OF STATE TALLAHASSIE, FLORIDA
2. Principal Office Address 30015W 109CT Suite, Apt. #, etc. City & State H; Am; FL Zip Country 33165 US	Suito, Apt. #, etc. City & State MiAMI, FL Zip 3316J Country US	4. Date incorporated or Qualified To Do Business in Florida 6. CERTIFICATE OF STATUS DESIRED 1. STATENEN 1
Signature of Registered Agent	ove named comporation, am familiar with and eccept the o	State Zip Code FL 33/60 obligations of section 607.0505 or 617.0503, F.S. Date 3/34/60
9. Names and Street Addresses of Each Officer at Titles Name of Officers and/or Director P G-LDP/A SA-12		och Civ. J Charles J Tim
10. I certify that I am an officer or director or the receiver or trustee empowered to exacute this application as provided for in chapter 807 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 examption under section 119.07(3)(i), F.S. The information indicated on this application is true and eccurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE:		