

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

05 NOV -2 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P02000073000

**1. Corporation Name**

MECOLT, INC.

**2. Principal Office Address**

13335 SW 42nd Terrace

Suite, Apt. #, etc.

City & State

Miami, Fl.

Zip

33175

Country

**3. Mailing Office Address**

Same as 2

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** (04-15)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/03/2002

**5. FEI Number**

043701221

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

Erick Mesa

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

13335 SW 42nd Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

**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

Date 10/31/2005

REGISTERED AGENT MUST SIGN

**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
P	Erick Mesa	13335 SW 42nd Terr	Miami, Fl. 33175

100061452201  
11/15/05--01079--015 \*\*900.00

**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

10/31/05

Date

(786) 346-2429

Daytime Phone #

K. Eckel NOV -3 2005