

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 23 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000102014

1. Corporation Name

MECCA Financial Consultants, Inc.

2. Principal Office Address

5979 N.W. 151 street

Suite, Apt. #, etc.

200

City & State

Miami Lakes, Florida

Zip

33014

Country

USA

3. Mailing Office Address

5979 N.W. 151 street

Suite, Apt. #, etc.

200

City & State

Miami Lakes, Florida

Zip

33014

Country

USA

600025716066

12/23/03--01015--009 \*\*61.25

600025716066

12/23/03--01015--009 \*\*175.00

4. Date Incorporated or Qualified  
To Do Business in Florida

9/20/2002

5. FEI Number

☒ 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

Ameena H. Ali

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

5979 NW 151 street

Suite, Apt. #, Etc.

200

City

Miami Lakes

State

FL

Zip Code

33014

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

Ameena Ali

REGISTERED AGENT MUST SIGN

Date

12/6/03

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
T, PS	Ameena H. Ali	5979 NW 151st. #200 Miami Lakes, FL 33014	Miami Lakes, FL 33014
VP	Saudia A. Williams	5979 NW 151st #200 Miami Lakes, FL 33014	Miami Lakes, FL 33014
S, T	Hanan K. Ali	5979 NW 151 street # 200	Miami Lakes, FL 33014

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:

Ameena Ali

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/03

Date

(305) 828-7333

Daytime Phone #

December 5, 2003

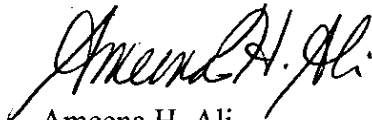
Dept. of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: Reinstatement of Corporation  
Mecca Financial Consultants, Inc.

Dear Sir/Madame:

I am requesting a waiver of reinstatement fee for the above referenced corporation. This office did not receive a renewal package to renew this corporation. The building that we are currently located in does not have separate mail delivery to each individual suite number. I have enclosed the fee of \$150.00 to renew this corporation.

Very truly yours,



Ameena H. Ali