

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000125237**

1. Corporation Name

MESA CONSTRUCTION CORPORATION

2. Principal Office Address - No P.O. Box #

14220 SW 29TH ST.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 440188

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

City & State

MIAMI - FLORIDA

Zip

Country

33175 U.S.A.

Zip

Country

33144 USA

7. Name and Address of Current Registered Agent

Name

MESA, AIMEE M.

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

14220 SW 29TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

16-1641354

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

X

Aimee Mesa

REGISTERED AGENT MUST SIGN

Date **1 Nov. 07, 2008**

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
DPST	MESA, AIMEE M	14220 SW 29TH ST. MIAMI, FL 33175	

700138008947
11/17/08--01056--020 **150.00

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 contained in Chapter 119, 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: **X**

Aimee Mesa

AIMEE MESA - OFFICER

Date

Daytime Phone #

**305
557-2447**

FILED
08 NOV 17 AM 9:46
CLERK OF COURT
TALLAHASSEE, FLORIDA

REINSTATEMENT
CR2E081 (12/07)

08

11/18/08