

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 23 PM 2:38

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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03/02/07--01003--026 **308.75

REINSTATEMENT 06-07

CR2E081 (1/07)

DOCUMENT # P05000112879

1. Corporation Name

MEJIAS INVESTMENTS CORP.,

2. Principal Office Address - No P.O. Box #
2015 SW 60 CT

3. Mailing Office Address
2015 SW 60 CT

Suite, Apt. #, etc.

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City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip Country
33155 USA

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33155 USA

4. Date Incorporated or Qualified To Do Business in Florida
08/15/2005

5. FEI Number **203450312** 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
ALBANIA ALONSO

Street Address (P.O. Box Number is Not Acceptable)
2015 SW 60 CT

Suite, Apt. #, Etc.

City State Zip Code
MIAMI FL 33155

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

Date **02/05/2007**

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
PRES	ALBANIA ALONSO	2015 SW 60 CT	MIAMI, FL. 33155

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/2007 Date

786-287-7311 Daytime Phone #