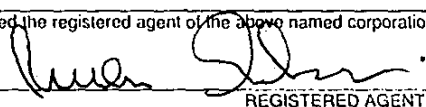
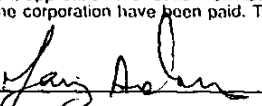


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		DO NOT WRITE IN THIS SPACE FILED 01 JUL 10 AM 10:34	
Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State					
1. Name and Mailing Address of Corporation: DOCUMENT # P94000043384 MEKA INVESTMENT CORP. 1241 NE 112 STREET MIAMI FL, 33161			2. If Address in Block 1 is incorrect in any way, enter the correct address below: Address City and State Zip Code 3. If Principle Office Address is different from mailing address, enter address below: Address City and State Zip Code		
4. Date Incorporated or Qualified To Do Business in Florida 06/10/1994		5. FEI Number 65-0499542		6. \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED ☐	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P	ADAM, MARIE F	1241 NE 112 STREET	MIAMI FL, 33161		
T/S	ADAM, JOSNY	3350 JAVA PLUM AVE	MIRAMAR FL, 33025		
REINSTATEMENT 98-01 178			600004480716--6 -07/17/01-01056-011 ***1208.75 ***1208.75		
REGISTERED AGENT INFORMATION			9. If changed, new registered agent / office		
8. Name and Address of Current Registered Agent ADAM, MARIE F 1241 NE 112 STREET MIAMI FL, 33025			Name Street Address (Do NOT Use P.O. Box Number) Street Address (Do NOT Use P.O. Box Number) City State Zip FL		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent 			Date 07/02/01		
REGISTERED AGENT MUST SIGN					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)					
13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director 			Date 7/6/01 Daytime Phone 305 893-7090		