

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 DEC 17 PM 12:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000092582**

1. Corporation Name

MEJIAS INVESTMENTS, INC.

Principal Place of Business

12040 SW 43 ST
 MIAMI FL 33175

Mailing Address

12040 SW 43 ST
 MIAMI FL 33175



REINSTATEMENT

98

If above addresses are incorrect in any way, line through incorrect information and enter correct information.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/19/1994	
City & State		City & State		5. FEI Number 65-0767272	
Zip		Country		APPLIED FOR	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MEJIAS, BARBARA	12040 SW 43 ST	MIAMI FL 33175

~~500002720985-2~~
 -12/23/98-01062-025
 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

MEJIAS, BARBARA
 12040 SW 43 ST
 MIAMI FL 33175

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	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

Barbara Mortham
REGISTERED AGENT MUST SIGN

Date 12/12/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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)(f), 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:

Barbara Mortham
REGISTERED AGENT MUST SIGN

Date 12/12/98 (305) 486-0589
 Daytime Phone #

CR2E040 (9/98)