

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 DEC 28 AM 11:25

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000021857**

1. Corporation Name

**MEAD INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

2419 NW 91ST  
 MIAMI FL 33147  
 US

2419 NW 91ST  
 MIAMI FL 33147  
 US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

2419 NW 91 Street  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Zip  
33147

Country  
USA

Zip Country

**REINSTATEMENT**

*09*

4. Date Incorporated or Qualified To Do Business in Florida

03/11/1996

5. FEI Number

65-0680167

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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	4 City / State / Zip
P	JONES, ROGERS J.	2415 N.W. 89TH TERR	MIAMI FL
VP	JONES, ROGERS S	5309 N.W. 24 CT	MIAMI FL

400003088564--0  
 -01/05/00--01029--020  
 \*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JONES, ROGERS JR  
 2419 NW 91ST  
 MIAMI FL 33147

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

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

*Roger Jones*  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 12-22-99

11. 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.

**KE**

SIGNATURE: *Roger Jones*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-22-99

Date

305-693-4628

Daytime Phone #