

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 JUL -6 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

MEC PROPERTIES, INC

P97000014214

Principal Place of Business

Mailing Address

433 PLAZA REAL
SUITE 275
BOCA RATON, FL 33432

0000002936640--8
-07/20/99--01078--017
****900.00 ****900.00

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

4. Date Incorporated or Qualified
To Do Business in Florida

FEB 10, 1997

5. FEI Number

65-0732957

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	ROGER HALL	433 PLAZA REAL #275	BOCA RATON, FL 33432

REINSTATEMENT 48-99 1TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBERT MURDOCH
JOHNSON ANSELMO MURDOCH
790 E. BROWARD BLVD, ST 400
FT. LAUDERDALE FL 33301

Name ROGER HALL
Street Address (P.O. Box Number is Not Acceptable)
433 PLAZA REAL ST 275
Suite, Apt. #, Etc.
City BOCA RATON State FL Zip Code 33432

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/1/99

11. This corporation owes 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)(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.

SIGNATURE:

[Signature]

ROGER HALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99

Date

561-362-5234

Daytime Phone #

CR2E081 (12/98)