

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 97000077731

1. Corporation Name

Mesa Development Corp.

2. Principal Office Address

325 S. Biscayne Blvd

Suite, Apt. #, etc.

1218

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

325 S. Biscayne Blvd

Suite, Apt. #, etc.

1218

City & State

Miami, FL

Zip

33131

Country

USA

REINSTATEMENT 03-06  
(R2E084-12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

650781083

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

Juliana Dominguez

500076209615

06/15/06--01007--009 \*\*1201.00

Street Address (P.O. Box Number is Not Acceptable)

7014 NW 169 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33015

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

*Juliana Dominguez*  
REGISTERED AGENT MUST SIGN

Date

8/20/06

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
P	Abel Mesa	3210 East 10 Ave	Tampa, FL 33605

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:

*Abel Mesa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #