

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P98000050692**

1. Corporation Name

Mecca Technologies INC.

2. Principal Office Address

19000 SE Robert Dr

Suite, Apt. #, etc.

City & State

Jupiter FL

Zip

33469

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6-4-98

5. FEI Number

65-0843237

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED
01 OCT 19 AM 10:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

John 200001

7. Name and Address of Current Registered Agent

Name

Melinda Tumminia

400004670914--9

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

19000 SE Robert Drive

-11/07/01--01055--004

******900.00 ****900.00**

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33469

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

Melinda Tumminia
REGISTERED AGENT MUST SIGN

Date

4/23/01

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
Pres	Melinda Tumminia	19000 SE Robert Dr.	Jupiter FL 33469

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 561-7450034

Date

Daytime Phone #

CP20081 (8/00)