PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

H43292

FILED
99 DEC -6 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # REINSTATEMENT 88-99

1. Corporation Name
Mercedez Homes, Inc.

Mailing Address / Principal Place of Business
C/O GEORGE BEFELER, ESQ.
LUCIO, MANDLER, ET AL
701 BRICKELL AVENUE, SUITE 2000
MIAMI, FL 33131

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
c/o George Befeler, Esq	c/o George Befeler, Esq
Suite, Apt. #, etc.: 701 Brickell Ave. #2000	Suite, Apt. #, etc.: 701 Brickell Ave. #2000
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33131 Country: U.S.A.	Zip: 33131 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: February 4, 1985

5. FEI Number: 59-2499320 — 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
P/S/D	DUENAS, JOSE ANTONIO	Condominio Cuscatlan, #302, 4 Calle Poniente y 25 Avenida Sur	San Salvador, El Salvador

000003062680--8
-12/07/99--01012--008
***2045.00 ***2045.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: BEFELER, GEORGE
Street Address (P.O. Box Number is Not Acceptable): 701 BRICKELL AVENUE
Suite, Apt. #, Etc.: SUITE 2000
City: MIAMI State: FL Zip Code: 33131

CR2E040 (9/94)

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 _____ Date 6/15/1999
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: _____ JOSE ANTONIO DUENAS 6/15/1999 (305)379-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

S. PAYNE DEC - 7 1999