

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 DEC 15 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M33192

1. Corporation Name

MERCHANDISING ASSOCIATES, INC.

200043429012  
12/15/04--01020--010 \*\*1658.75

**REINSTATEMENT** 98-04

2. Principal Office Address

9560 Doral Boulevard

3. Mailing Office Address

9560 Doral Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33178

Country

USA

Zip

33178

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/05/1986

5. FEI Number

592680655

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

STEPHEN HORWITZ

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

10605 S.W. 129 Terrace

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code  
33176

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

*Stephen Horwitz*

REGISTERED AGENT MUST SIGN

Date 12.13.04

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
DP	Stephen Horwitz	10605 S.W. 129 Terrace	Miami, FL 33176

*DP 12/15*

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)(f), 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:

*Stephen Horwitz* - STEPHEN HORWITZ - 12.13.04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 477-7900

Daytime Phone #

CR2E081 (01/04)