PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 30 PM 6:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000051791

1. Corporation Name

Navimerca, Inc.
4758 West Commercial Blvd.
Ft. Lauderdale, FL 33319

REINSTATEMENT 03-04

2. Principal Office Address		**3.** Mailing Office Address	
4758 West Commercial Blvd.		same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Ft. Lauderdale, FL			
Zip	Country	Zip	Country
33319	USA		

4. Date Incorporated or Qualified To Do Business in Florida 05/10/2002

5. FEI Number 04-3661817 ☐ 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
David Herring

Street Address (P.O. Box Number is Not Acceptable)
4758 West Commercial Blvd.

300034779543
04/30/04--01005--013 **30[illegible].00

Suite, Apt. #, Etc.

City
Ft. Lauderdale

State FL | Zip Code 33319

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 _____ Date 4/20/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PD	David Herring	4758 West Commercial Blvd	Ft. Lauderdale, FL 33319
V	Robert J Peterson	4758 West Commercial Blvd	Ft. Lauderdale, FL 33319
ST	Michael Kramer	4758 West Commercial Blvd	Ft. Lauderdale, FL 33319

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: _____ Date 4/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

P5 222

Navimerca, Inc.

4758 West Commercial Blvd
Fort Lauderdale, FL, 33319

Phone: 954-497-4063
Fax: 954-486-1032

April 20, 2004

Department of Sate
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To the Department of State,

Attached please find the completed corporation reinstatement application and $ 300 for reinstatement.

Navimerca did not file the 2003 corporate annual return because it was never received from the Department of State. It was not until the 2004 corporate annual returns for other corporations were completed that we realized Navimerca was dissolved.

Please reinstate Navimerca as per the attached application.

Thank you,

David Herring,
President