

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR 25 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000038638

1. Corporation Name
MERCHANTS CONSULTING NETWORK, INC.

Principal Place of Business 5745 - 8th Avenue North St. Petersburg, FL 33710-7116	Mailing Address 5745 - 8th Avenue North St. Petersburg, FL 33710-7116
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REINSTATEMENT 96+97

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 5/16/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3316176	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D,P	Merchant, Harold I.	5745 - 8th Avenue North	St. Petersburg, FL 33710-7116
D,V	Thompson, William J.	5745 - 8th Avenue North	St. Petersburg, FL 33710-7116
D,S,T	Merchant, Carl I.	5745 - 8th Avenue North	St. Petersburg, FL 33710-7116
			400002157954--1 -04/29/97--01047--019 ****165.00 ****165.00
			400002157954--1 -04/29/97--01047--018 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

The Law Firm of Lawrence J. Spiegel Chartered
343 Almeria Avenue
Coral Gables, FL 33134

Name Harold I. Merchant Jr.
Street Address (P.O. Box Number is Not Acceptable)
5745 - 8th Avenue North
Suite, Apt. #, Etc.
City St. Petersburg State FL Zip Code 33710

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

Harold I. Merchant Jr.
REGISTERED AGENT MUST SIGN

Date

4-24-97

11. 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.)

12. 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:

Harold I. Merchant Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-97