

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 MAR 31 PM 12:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000091435**

1. Corporation Name

MERL ENTERPRISES CORP.

Principal Place of Business

9601 COLLINS AVE
 PH 304
 BAL HARBOUR FL 33154
 US

Mailing Address

~~700 S FEDERAL HWY~~
~~SUITE 200-32G~~
~~BOCA RATON FL 33432~~
~~US~~

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

~~3111 UNIVERSITY DR.~~
~~SUITE 601~~
~~CORAL SPRINGS FL~~
~~33065~~ ~~BROWARD~~

4. Date Incorporated or Qualified To Do Business in Florida

10/27/1998

5. FEI Number

65-0872998

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	STEIN, SHELDON	9601 COLLINS AVENUE, PH 304	BAL HARBOUR FL 33154
ST	STEIN, MIRIAM	9601 COLLINS AVENUE, PH 304	BAL HARBOUR FL 33154

8. Name and Address of Current Registered Agent

~~GARELLEK, STEVEN~~
~~700 S FEDERAL HWY~~
~~SUITE 200~~
~~BOCA RATON FL 33432~~

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suits, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 3/3/03 254-755-1760
 Date Daytime Phone #

CR2E040 (8/02)



REINSTATEMENT 02-03