

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J46317

1. Entity Name
MERRIMAC, INC.



Principal Place of Business
**551 NORTH ATLANTIC BLVD.
FT. LAUDERDALE, FL 33304**

Mailing Address
**551 NORTH ATLANTIC BLVD.
FT. LAUDERDALE, FL 33304**

FILED
05 NOV 17 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

2400 E. Las Olas Blvd

3. Mailing Address

529 N. Atlantic Blvd

Suite, Apt. #, etc.

FT

Suite, Apt. #, etc.

10052005 REIN-P CR2E098 (6/04)

City & State

FT. Lauderdale, FL

City & State

FT. Lauderdale

4. FEI Number

65-0000153

Applied For

Not Applicable

Zip

33304

Country

USA

Zip

FL

Country

33304

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DALAL, ASHOK
1266 N.W. 119TH ST
NORTH MIAMI, FL 33167**

7. Name and Address of New Registered Agent

Name **Nitin Motwani**

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

2400 E. Las Olas Blvd #324

City

FT. Lauderdale

FL

Zip Code

33301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

10/12/05

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MOTWANI, RAMOLA**
STREET ADDRESS **551 N ATLANTIC BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **MOTWANI, RAMOLA**
STREET ADDRESS **2400 E. Las Olas Blvd #324**
CITY-ST-ZIP **FT. Lauderdale, FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **000061522350**
CITY-ST-ZIP **11/17/05--01048--014 **750.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

[Signature]