PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 JUN 26 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 345651

1. Corporation Name
MERCE LAND CO., INC.

000131748670
06/26/08--01035--003 **300.00

REINSTATEMENT 07-08
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2650 COUNTRY CLUB PRADO	2650 COUNTRY CLUB PRADO
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLES, FL	City & State: CORAL GABLES, FL
Zip: 33134 Country:	Zip: 33134 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 05/05/1989

5. FEI Number: 59-1304678 ☐ 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: MERCEDES ESTARELLAS

Street Address (P.O. Box Number is Not Acceptable): 2650 COUNTRY CLUB PRADO

Suite, Apt. #, Etc.

City: CORAL GABLES State: FL Zip Code: 33134

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Mercedes Estarellas — REGISTERED AGENT MUST SIGN — Date: June 24-2008

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	JESUS ESTARELLAS	2650 COUNTRY CLUB PRADO	CORAL GABLES, FL 33134
SD	MERCEDES ESTARELLAS	2650 COUNTRY CLUB PRADO	CORAL GABLES, FL 33134
	6/26		

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 contained in Chapter 119, 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: JESUS ESTARELLAS — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: June 24-2008 — Daytime Phone #