


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **554196**

1. Corporation Name
JACK E. MERKLEIN, INC.

Principal Place of Business 12442 WILES RD CORAL SPRINGS FL 33076 US	Mailing Address 12442 WILES RD CORAL SPRINGS FL 33076 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



600023900316
 10/17/03--01033--021 **150.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida	10/13/1977
5. FEI Number	59-1775707
Applied For	Not Applicable
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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MERKLEIN, JACK E	9603 NW 36 MANOR	CORAL SPRINGS FL 33065

REINSTATEMENT 03

10/12

8. Name and Address of Current Registered Agent

MERKLEIN, JACK E
 9603 NW 36 MANOR
 CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, 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 _____ Date _____
 REGISTERED AGENT MUST SIGN

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: *Jack E. Merkley* Date: *10-14-03* Daytime Phone #: *954-214-9940*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)

JACK E. MERKLEIN, INC.

October 14, 2003

Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

Re: 554196

Dear Sir or Madam:

Please understand that we never received the two prior uniform business reports. In the past 20 years this invoice has been paid on time. In addition, we never received the late notice. Please accept the enclosed check as payment for the reinstatement fees.

Sincerely,



Jack E. Merklein
President

