

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

Mailing Address

12442 WILES RD
CORAL SPRINGS FL 33076
US

12442 WILES RD
CORAL SPRINGS FL 33076
US

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

10/13/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1775707

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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

REINSTATEMENT 03

B10/12

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

SIGNATURE

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 MERKLEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-14-07 954-214-9940

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

