

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F43141**

1. Corporation Name

MERRILL FOX ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1144 SOUTH CONGRESS AVE

~~PO BOX 15545~~

WEST PALM BCH FL ~~33406~~ **33406**

1144 SOUTH CONGRESS AVE

~~PO BOX 15545~~

WEST PALM BCH FL ~~33406~~ **33406**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/1981

5. FEI Number

59-2125889

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	FOX, MERRILL H	5920 WOODWIND COURT	LAKE WORTH FL 33463
			600002024786--6 -12/10/96--01100--014 ****138.75 ****138.75
			600002024786--6 -12/10/96--01100--015 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~MONCHICK, MICHAEL J
1501 OLD WEECHOBEE RD
WEST PALM BEACH FL FL~~

N/A → **Merrill, H. Fox**
Street Address (P.O. Box Number is Not Acceptable)
1144 SOUTH CONGRESS AVE.
Suite, Apt. #, Etc.
P.O. Box 15545
City
W. Palm Beach State **FL** Zip Code **33416**

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.

Signature of
Registered Agent

Merrill H. Fox **REQUIRED**

Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Merrill H. Fox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/25/96

Daytime Phone #

(561) 965-3699

96 DEC -6 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 DEC -6 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

J. Alan

CR2E040 (7/96)