

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



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

DOCUMENT # F92.000000508

1. Corporation Name

MEREX CORP

Principal Place of Business

Mailing Address

**1120 SAW MILL RIVER RD.
YONKERS, NY 10710**

**P.O. BOX 9
YONKERS, NY 10710**

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

12/7/92

5. FEI Number

13-3082929

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	DAVID BLUMBERG	881 OCEAN DRIVE #21C	KEY BISCAVNE, FL 33149
VP	ROBERT HAUVER	176 SMALLEY CORNERS	CARMEL, NY 10512
			400002585564--0 -07/10/98--01083--014 ***1200.00 ***1200.00
			REINSTATEMENT

8. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION
SYSTEM, INC.
1201 HAYNES STREET, SUITE 105
TALLAHASSEE, FL 32301-0923**

9. Name and Address of New Registered Agent

Name

DAVID BLUMBERG

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

881 OCEAN DRIVE

Suite, Apt. #, Etc.

21 C

City

KEY BISCAVNE

State
FL

Zip Code
33149

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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: **DAVID BLUMBERG, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06.23/98

Date

(305) 594-7791

Daytime Phone #