

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 FEB 19 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000508

1. Corporation Name

MEREX FOOD CORP.

REINSTATEMENT 06-10

2. Principal Office Address - No P.O. Box #

8150 NW 84 STREET

Suite, Apt. #, etc.

City & State

MEDLEY, FL

Zip

33166

Country

USA

3. Mailing Office Address

8150 NW 84 STREET

Suite, Apt. #, etc.

City & State

MEDLEY, FL

Zip

33166

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 12/07/1992

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. Name and Address of Current Registered Agent

Name

DAVID BLUMBERG

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

8150 NW 84 STREET

Suite, Apt. #, Etc.

City

MEDLEY

State

FL

Zip Code

33166

☐ 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

REGISTERED AGENT MUST SIGN

Date

6 Feb 2010

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
P	DAVID BLUMBERG	8150 NW 84 STREET	MEDLEY, FL 33166
			2/22

10. E-mail Address:

(To be used for future annual report notification)

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, further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6 Feb 2010