

FILED

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2008 OCT 13 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F93000003538 1. Corporation Name Mercon Coffee Corporation			
2. Principal Office Address - No P.O. Box # 2 Hudson Place 8th Floor Suite, Apt. #, etc.		3. Mailing Office Address 2 Hudson Place 8th Floor Suite, Apt. #, etc.	
City & State Hoboken, NJ Zip 07030		City & State Hoboken, NJ Zip 07030	
Country USA		Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 08/02/1993			
5. FBI Number 13-3121844		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐			
7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road Suite, Apt. #, Etc. City Plantation			
State FL		Zip Code 33324	
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 <i>JoAnne McCarthy</i> V.P. Date 10/13/08 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	Baltodano, J. Antonio	2 Hudson Place 8th Floor	Hoboken, NJ 07030
PD	Enderlin, Andreas	2 Hudson Place 8th Floor	Hoboken, NJ 07030
COO	Chamorro, Luis A.	2 Hudson Place 8th Floor	Hoboken, NJ 07030
D	Baltodano, Duilio P	2 Hudson Place 8th Floor	Hoboken, NJ 07030
D	Baltodano, Dania	2 Hudson Place 8th Floor	Hoboken, NJ 07030
D	Baltodano, Gerardo	2 Hudson Place 8th Floor	Hoboken, NJ 07030
10. 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 contained in Chapter 119, 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: <i>Luis A. Chamorro</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Oct. 7, 2008 Daytime Phone # 201-413-5540	

05-08
REINSTATEMENT
gls

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Florida Department of State

Division of Corporations
Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT

MERCON COFFEE CORPORATION

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