

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
CLERK OF THE
OFFICE OF THE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 DEC 20 PM 2:37

DOCUMENT # F95000005000

1. Entity Name
MERCURY CAPITAL CORP.



Principal Place of Business
**317 MADISON AVE #1100
NEW YORK, NY 10017**

Mailing Address
**317 MADISON AVE #1100
NEW YORK, NY 10017**

REINSTATEMENT 04

2. Principal Place of Business
**380 LEXINGTON AVE
Suite, Apt. #, etc.
2020
City & State
New York NY
Zip
10168 Country
US**

3. Mailing Address
**380 LEXINGTON AVE
Suite, Apt. #, etc.
SUITE # 2020
City & State
New York, NY
Zip
10168 Country
US**



10222004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent
**BENNETT, JOSH N ESQ
200 S BISCAYNE BLVD #1050
MIAMI, FL 33131**

4. FEI Number
11-2928080

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name **JEFFREY MESHEL**
Street Address (P.O. Box Number is Not Acceptable)
**1000 S. POINT DR
SUITE 1601**
City **St Beach** FL **33139**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **12/7/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPV MESHEL, JEFFREY 317 MADISON AVE #1100 NEW YORK, NY 10017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	380 LEXINGTON AVE #2020 New York NY 10168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCST GLEITMAN, MARC P 317 MADISON AVE #1100 NEW YORK, NY 10017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	380 LEXINGTON AVE #2020 New York, NY 10168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000042898490 11/19/04--01038--010 **\$750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **11/15/04** 212 6661 8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR