


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

05 NOV 14 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F95000005000</b> 1. Entity Name <b>MERCURY CAPITAL CORP.</b>					
Principal Place of Business <b>380 LEXINGTON AVE. #2020 NEW YORK, NY 10168</b>			Mailing Address <b>380 LEXINGTON AVE. #2020 NEW YORK, NY 10168</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MESHEL, JEFFREY</b> <b>1000 S. POINT DR.</b> <b>SUITE 1601</b> <b>ST BEACH, FL 33139</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <span style="float: right;">11/4/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DCPV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MESHEL, JEFFREY		NAME		
STREET ADDRESS	380 LEXINGTON AVE. #2020		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10168		CITY-ST-ZIP		
TITLE	DCST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLEITMAN, MARC P		NAME		
STREET ADDRESS	380 LEXINGTON AVE. #2020		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10168		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ <b>MARC GLEITMAN</b> <span style="float: right;">10/14/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



10062005 REIN-P CR2E098 (6/04)

4. FEI Number **11-2928080** Applied For ☐ Not Applicable ☐

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

**800060685658**  
**10/17/05--01064--010 \*\*750.00**

**K. Eckel NOV 14 2005**

**2126618700**