

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 24 PM 6:29

DOCUMENT # G63610

1. Corporation Name

Merrick Homes, Inc.

2. Principal Office Address

1490 N.W. 21<sup>ST</sup> ST

Suite, Apt. #, etc.

Ft. Lauderdale

City & State

FL

Zip

33311

Country

BROWARD

3. Mailing Office Address

P.O. Box 5423

Suite, Apt. #, etc.

Ft. Lauderdale

City & State

FL

Zip

33310

Country

Broward

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

1981

5. FEI Number

59-23272507

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

VAUDINE MERCURIUS M-BEAN

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

13363 LAKE POINTE CIRCLE

Suite, Apt. #, Etc.

COOPER CITY

City

State

FL

Zip Code

33330

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

Vaudine M-Bean

Date

10-22-01

REGISTERED AGENT MUST SIGN

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
<u>PH</u>			
	<u>PRES VAUDINE M-BEAN</u>	<u>13363 LAKE POINTE CIRCLE</u>	<u>COOPER CITY</u>
			<u>FLA 33330</u>
			<u>ALL</u>

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 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:

Vaudine M-Bean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-01

Date

Daytime Phone #

954 523 1543

CF2E081 (9/00)