

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 15 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H93225

**1. Corporation Name**

Merrills', Inc.

**2. Principal Office Address**

101-6th Street SW

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33880

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/06/1986

**5. FEI Number**

59-2630625

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

Elaine M. Furnish

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

14 Crystal Waters Drive

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33880

**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

Elaine M. Furnish

REGISTERED AGENT MUST SIGN

Date

11-01-02

**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	Elaine Furnish	14 Crystal Waters Drive	Winter Haven, FL 33880
V	Larry Merrill	340 Suwannee Drive	Winter Haven, FL 33880
ST	Carl Merrill	2208 Avenue F, NW	Winter Haven, FL 33880

**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:

Elaine M. Furnish

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-01-02

Daytime Phone #

CR2E081 (9/01)

js 11/15

LAW OFFICES



## *Frost Tamayo Sessums & Aranda*

PROFESSIONAL ASSOCIATION

November 13, 2002

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: *Reinstatement of Merrills, Inc.*  
*Document #H93225*

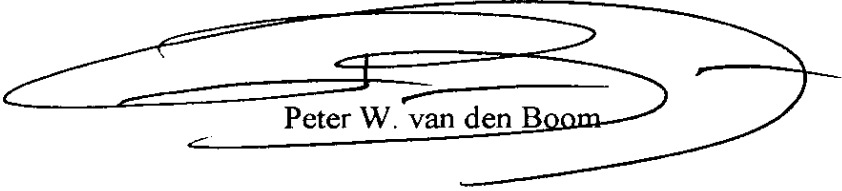
To Whom It May Concern:

Enclosed please find a Corporation Reinstatement Application for Merrills, Inc. along with this firm's check in the amount of \$750.00 to cover your fee for said reinstatement.

Please reinstate Merrills, Inc. as an active corporation within the State of Florida. Thank you for your assistance with this matter. Please do not hesitate to call should you have any questions or require additional information.

Sincerely,

FROST TAMAYO SESSUMS  
& ARANDA, P.A.

  
Peter W. van den Boom

PWV/ kem  
Encl.

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Bartow, Florida  
33830

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