

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

99 JAN 11 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J588737

1. Corporation Name

Merlin Investors Inc W98-29193

Principal Place of Business

Mailing Address

4500 Belvedere Rd #A
West PALM Bch. FL 33415

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

7-87

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2836095

Applied For

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Owner	Corinne Simpson	17411 40th Ave N	Loxahatchee, FL 33410

400002752084--6
-01/22/99--01106-012
****665.00 ****665.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Corinne Simpson
17411 40th Ave North
Loxahatchee, FL 33410

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Corinne Simpson

REGISTERED AGENT MUST SIGN

Date

11-23-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. 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)(f), 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:

Corinne Simpson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORINNE SIMPSON

11-23-98

Date

561-615-0900

Daytime Phone #

- Do Not Detach -

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MERLIN INVESTORS INC.
Licensed Mortgage Brokers

12-23-88

Dea Sir -

I have never received any renewal
application for Merlin Investors, Inc. for the past
3 yrs. In 1995 I moved to Lakeland, FL.

Please reinstate Merlin Investors, Inc.

[Signature]
Chris Sir