

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR ⁹⁵⁻⁹⁶
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 JAN 27 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M68569

1. Corporation Name

Crackertrail Mercantile Inc.

~~WAL 173916~~

Principal Place of Business

Mailing Address

FLORIDA

2465 NE 184 ST
NO. MIAMI BCH
FLORIDA 33160

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

2. New Principal Office Address, If Applicable

~~2465 NE 184 ST~~

Suite, Apt. #, etc.

NO. MIAMI BCH

City & State

FLORIDA

Zip

33162

Country

USA

3. New Mailing Address, If Applicable

~~2465 NE 184 ST~~

Suite, Apt. #, etc.

same

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1988

5. FEI Number

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	JULIE VALLADARES	2465 NE 184 ST	NO. MIAMI BCH FL
			33160
			600002071846--0
			-01/29/97--01020--015
			***300.00 ***300.00
			600002071846--0
			-01/29/97--01020--016
			***275.00

REINSTATEMENT 1995-96
J. Valladares
27-97

8. Name and Address of Current Registered Agent

JULIE VALLADARES
2465 NE 184 ST
NO. MIAMI BCH
FL 33160

9. Name and Address of New Registered Agent

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

[Signature]

REGISTERED AGENT MUST SIGN

Julie Valladares 88/28/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Julie Valladares
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-597

Date

Daytime Phone #

CR2E940 (12/95)