

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Nov 20, 2002 8:00 A.M.**  
**Secretary of State**

**DOCUMENT #**

1. Corporation Name

Merlo & Associates, Inc.

M77635

2. Principal Office Address

9220 East Calusa Club Drive

3. Mailing Office Address

9220 East Calusa Club Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33186

Country

U.S.A.

Zip

33186

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

4/22/88

5. FEI Number

650039976

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

Jose R. Merlo

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

9220 East Calusa Club Drive

Suite, Apt. #, Etc.

City

Miami

State  
**FL**

Zip Code

33186

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

*Jose R. Merlo*

REGISTERED AGENT MUST SIGN

Date 11/18/02

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
D/P/T	Jose R. Merlo	9220 East Calusa Club Drive	Miami, Florida 33186
D/V/S	Marta Merlo	9220 east Calusa Club Drive	Miami, Florida 33186

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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)(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:

*Jose R. Merlo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/02 786-251-9488

Date

Daytime Phone #

CR25081 (9/01)