

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 AUG -4 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~11~~ M77365 M77635

1. Corporation Name

Merlo & Associates, Inc.

2. Principal Office Address

9220 E. Calusa Club Dr.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33186

Country

U.S.A.

3. Mailing Office Address

9220 E. Calusa Club Dr.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33186

Country

U.S.A.

REINSTATEMENT 03-05

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 E. Calusa Club Drive

Suite, Apt. #, Etc.

700058484717

08/11/05--01039--030 **1051.75

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 7/27/05

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
DPT	Jose R. Merlo	9220 E. Calusa Club Dr.	Miami, FL. 33186
DVS	Marta Merlo	9220 E. Calusa Club Dr.	Miami, FL. 33186

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:

Jose R. Merlo, Jose R. Merlo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/05

Date

786-251-9488

Daytime Phone #

CR2E081 (01/05)

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