PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
REINSTATEMENT	DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS	SECRETARY DE SUALE DIVISION OF DE SUALE 10 FEB 26 PM 2: 14
DOCUMENT # M77635 1. Corporation Name Merlo and Associates, Inc.		TS: 3/2/17 REINSTATEMENT 07-10
2. Principal Office Address - No P.O. Box # 6202 Paradise Point Drive 6202 Paradise Point Drive Suite, Apt. #, etc. 3. Mailing Office Address 6202 Paradise Point Drive Suite, Apt. #, etc.		200168448602 02/10/100 49366+010 9) **458.75
Zip Country Zip	country	A Date Incorporated or Qualified To Do Business in Florida 4 22 988 5. FEI Number 6. COMPOSITION OF SETS Additional Fee required
33157 USA 3315 7. Name and Address of Current Regis Name Jose P. Merbo Street Address (P.Q. Box Number is Not Acceptable) (202 Paradise Point Drive Suite, Apt. #, Etc.	stered Agent	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
City Palmetto Bay State Zip Code Mail W25 not forw 2rded. 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 Registered Registered Agent Registered Agent Registered Regis		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
DPT Jose R. Merlo	Officer and/or Director 6202 Paradise Pe	
DYS Martz Merlo	6202 Paradise Poi	of Dr. Palmetto Bay, 71. 33157
D Alberto Podriguez-Cabarrocas	6202 Paradise Poi	At Dr. Palmetto Bay, Fl. 33157
		200168448602 02/26/1001043022 **150.00
10. E-mail Address: Merlonet 24 @ g mail. com		
To be used for future entitial report notification To be used for future entities application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application have been paid. I further certify, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #.		