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SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION | |
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| REINSTATEMENT | |



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

03 OCT -6 PM 12: 41

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|--|---|---------------------------------------|--|---------------------------|---------------------------------------|-------------------------|-----------------------------|--------------------|-------------------------------------|---------------|-------------------------------------|--|
| 1. Corpora | JMENT # N9700000 ation Name n Putnam Merrill, nings Merrill Foun | Jr. and | | | | | TÄLLA | ĤASSEI | E. FLORID <i>i</i> | 4 | | |
| | | | | | | 1 | 90 | inna | 23520 | 31 6 9 | | |
| • | al Office Address | 3. Mailing Of | | | | 1 | 10/03/ [h/C// | 0 = E0 1 (C; ;) | 104101 1-01 Loui | 25**26 | 6. 25 ልጌ | |
| Suite, Apt. | N. Flagler Drive | P.O. I | | 11 | | - | 0 665999 | | D D D C | | | |
| 8B | | | | | | 4. | Date Incorp | | | | | |
| City & State | 3 | City & State | | | | _ | To Do Busir | ness in Flo | ^{orida} Augu | ıst 14 | , 1997 | |
| · | | l ' | rdcvi | 11ā | 77'A' | 5. | 5. FEI Number Applied For | | | | | |
| West Zip | Palm Beach, FL Country | Stana: | Lusvi | Country | , VA.". | | <u>5-078</u> | <u>0449</u> | | | Not Applicable | |
| 33407 | | 22978 | | o o a may | | 6. | CERTIFICATE | OF STATU | S DESIRED 🗌 | | nal Fee required icate of Status | |
| | | 7. N | ame and Ad | ddress of | Current Regis | tered Ag | gent | | / | | | |
| | Name Eugene W. Murph: Street Address (P.O. Box Number is N 340 Royal Palm Suite, Apt. #, Etc. Suite 100 | ot Acceptable) | , | | , | , | | · · · , | | | | |
| | City Palm Beach | | | | | | • | State | Zip Code 33480 | | | |
| 8. I, being Signature o Registered | appointed the registered agent of the about | ve named copor | <u>5 </u> | | n and accept the | obligati | ions of sectio | on 607.050 Date | | F.S. 29-03 | 3 | |
| 9. Names | and Street Addresses of Each Officer an | d/or Director (Flor | ida nonprof | fit corporat | tions must list at | least 3 | directors) | | | | | |
| Titles | Name of Officers and/or Directors | | | | et Address of Ea er and/or Direc | | | | City / | State / Zip | | |
| P/D | John Putnam Merri | - 11, Jr | 1617 | N. F | lagler | Dr. | #8B | | t-Palm 33407 | Beach | , n' | |
| VSTD | Carol Jennings Me | rrill : | 1617 | N. F | lagler | Dr. | #8B | Wes | t Palm 33407 | Beach | , | |
| | Christina Merrill | | | | lagler | | | | t Palm 33407 | Beach | , | |
| <u> </u> | OHITSCHIA MCTTTT | | | | 108101 | | ,, ,, | | | | | |
| this rei owed t | y that I am an officer or director or the rece instatement application, the reason for diss by the corporation have been paid and the application is true and accurate, and my s | olution has been names of individu | eliminated, ials listed oi | the corpor n this form | rate name satisf do not qualify fo | ies the re or an exe | equirements emption unde | of section | 607.0401 or 61 119.07(3)(i), F.S | 7.0401, F.S., | that all fees tion indicated | |

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