

APPLICATION
FOR
REINSTATEMENT



DOCUMENT# P00000011671

MERCADO ENTERPRISES, INC.

Mailing Address

PO BOX 667505
MIAMI FL 33166

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

Zip

Country.

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	MERCADO, AXEL R	1512 W FLAGLER ST NO 1512	MIAMI FL 33135

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc.

City

State	
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Zip Code	
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Signature of
Registered Agent

Date _____

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

FILED

03 DEC 15 PM 4:40

SECRETARY OF STATE

REINSTATEMENT 2003.



500025-05835

12/15/03--01011--011 米750.00

4. Date Incorporated or Qualified To Do Business in Florida

01/28/2000

5. FEI Number

65-0993943

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

CR2E040 (7/03)